

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 AM 9:39

DOCUMENT # A04000000634

1. Entity Name

200 BUILDING, LTD.



Principal Place of Business

107 SARTO AVE
CORAL GABLES FL 33134

Mailing Address

PO BOX 331056
COCOUNT GROVE FL 33233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

SS



1ST MOORE

CR2E003 (10/04)

4. FEI Number

55-0865208

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T
2655 LE JEUNE RD, STE 1101
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L03000010002
NAME ACREI, LLC
STREET ADDRESS 107 SARTO AVE
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

Please change the principal place of
business to: 3211 Ponce de Leon Blvd

STREET ADDRESS

CITY-ST-ZIP

Suite-202
Coral Gables, FL 33134

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C. SCORPIS

1/18/05

Date

305-446-0010

Daytime Phone #

STAPLE CHECK HERE