

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

p/o 17044  
**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A04000001150**

1. Entity Name  
**CHURCH AVE APARTMENTS, LTD.**



Principal Place of Business  
**3211 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES, FL 33134**

Mailing Address  
**P.O. BOX 331056  
COCONUT GROVE, FL 33233**



03282007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2482132**

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 ROAD, SUITE 1101  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ACREI-II, LLC  
107 SARTO AVE.  
CORAL GABLES, FL 33134**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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**DO NOT WRITE  
IN THIS SPACE**

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04/27/07-80065-009 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*Constantine Scurtis* 4-16-07 305-446-0010

STAPLE CHECK HERE