

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
#188 Apr 30, 2008 08:00 AM
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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

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

7. Name and Address of New Registered Agent

MARTINI, GREGORY T
2655 LE JEUNE ROAD, SUITE 1101
CORAL GABLES FL 33134

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 the filer (applicant)

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY - ST - ZIP
U000000937118
05/27/08-80038-001 500.00

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

14. I hereby certify that the information supplied in 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

Constantine J. Scurtis

2/19/08 (305)446-0010

DATE

PHONE NUMBER

STAPLE CHECK HERE