

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 31 AM 9:42



DOCUMENT # A04000001190

1. Entity Name

5TH AVE APARTMENTS, LTD.

Principal Place of Business

107 SARTO AVENUE
CORAL GABLES FL 33134

Mailing Address

107 SARTO AVENUE
CORAL GABLES FL 33134



2. Principal Place of Business

3211 Ponce DeLeon Blvd.
202

3. Mailing Address

PO Box 331070
Suite, Apt. #, etc.

1ST MOORE

CR2E003 (10/04)

City & State

Coral Gables, FL

City & State

Miami, FL

4. FEI Number

56-2479373

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33233

Country

DADE

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

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 X

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

DATE

7/18/05

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

9. Capital Contributions
as Shown on record.

\$1,865,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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 # L04000053364
NAME ACREI-III, LLC
STREET ADDRESS 107 SARTO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

100059621531
09/14/05--01037--015 **526.25

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Constantine Scourtis

7/18/05

305-446-6010

Date

Daytime Phone #

STAPLE CHECK HERE