

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001290

1. Entity Name
GO 73RD RENTAL WAREHOUSE, LLLP



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
13635 DEERING BAY DRIVE, #224
CORAL GABLES, FL 33158

Mailing Address
13635 DEERING BAY DRIVE, #224
CORAL GABLES, FL 33158

2. Principal Place of Business
2550 N.W. 72 Ave
Suite, Apt. #, etc.
#101

3. Mailing Address
2550 N.W. 72 Ave.
Suite, Apt. #, etc.
#101



01032005 Chg-LP CR2E003 (10/03)

1/10

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0376499

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GARY P
9100 S. DADELAND BLVD., SUITE 504
C/O SIMON & SIMON, P.A.
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
Mark Orovitz
Street Address (P.O. Box Number is Not Acceptable)
2550 N.W. 72 Ave.
#101
City
Miami FL Zip Code
33122

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, applicable.

Mark Orovitz

1/4/05

DATE

9. Capital Contributions as Shown on record. \$200,000.00

10. Amount of Capital Contributions in FLORIDA to date. 200,000.00

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
OOROVITZ, W. JAMES
STREET ADDRESS
13635 DEERING BAY DRIVE, #224
CITY-ST-ZIP
CORAL GABLES, FL 33158

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

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000045042130
01/19/05--01057--010 **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: W. JAMES OROVITZ

1/4/05

305-235-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE