

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NO. 000, 1



01032005 Chg-LP CR2E003 (10/03) 1110

DOCUMENT # A0400000167.1				
1. Entity Name 75 AVENUE, LLLP				
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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2155884</b>
				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SIMON, GARY P ESQ C/O SIMON & SIMON, P.A. 9100 S. DADELAND BLVD., SUITE 504 MIAMI, FL 33156			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. <b>\$450,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>450,000.00</b>		
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	
	OROVITZ, W. JAMES			
	13635 DEERING BAY DRIVE, #224		CITY-ST-ZIP	
	CORAL GABLES, FL 33158			
DOCUMENT #	NAME		STREET ADDRESS	
			CITY-ST-ZIP	
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			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: <i>W. James Orovitz</i>		W. JAMES OROVITZ		1/4/05 305-235-3200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE