## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED** Due By May 1, 2006 Jan 11, 2006 08:00 AM Secretary of State and the Contract **DOCUMENT # A04000001671** 1. Entity Name 75 AVENUE, LLLP Principal Place of Business Mailing Address 13635 DEERING BAY DRIVE, #224 13635 DEERING BAY DRIVE, #224 CORAL GABLES, FL 33158 CORAL GABLES, FL 33158 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2155884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIMON, GARY PESQ DO NOT WRITE C/O SIMON & SIMON, P.A. 9100 S. DADELAND BLVD., SUITE 504 IN THIS SPACE MIAMI, FL 33156 3. 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, typed or printed name of registered agent and title if applicable. DATE FILE NOWI!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # U00000382329 OROVITZ, W. JAMES NAME 01/12/06-80004-009 500.00 STREET ADDRESS 13635 DEERING BAY DRIVE, #224 CITY-ST-ZIP CORAL GABLES, FL 33158 DECUMENT # NAME STREET ADDRESS CITY-ST-ZP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE OCCUMENT # NAME STREET ADDRESS CITY-ST-ZP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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 it 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

W. JAMES OROVITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: