

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED


08 JAN 15 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A04000001671**

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 - No P.O. Box #  
**2550 NW 72 Ave**

3. Mailing Address  
**2550 NW 72 Ave**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Miami FL**

Zip  
**33122**

Country

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-2155884**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

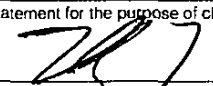
Name **Mark Orovitz**

Street Address (P.O. Box Number is Not Acceptable)  
**2550 NW 72 Ave**

Suite, Apt. #, etc.  
**Suite 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  **Mark Orovitz** DATE **1/7/08**

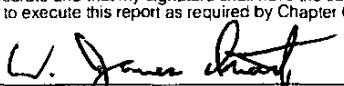
**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	OROVITZ, W. JAMES	STREET ADDRESS	
NAME	13635 DEERING BAY DRIVE, #224	CITY-ST-ZIP	
STREET ADDRESS	CORAL GABLES, FL 33158		
CITY-ST-ZIP		STREET ADDRESS	<b>700115063117</b>
		CITY-ST-ZIP	<b>01/14/08--01052--009 **500.00</b>
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 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:  DATE **1/7/08** DAYTIME PHONE # **305 594-9311**