

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:43

**DOCUMENT # A05000000338**

1. Entity Name  
 GRAN VIA ASSOCIATES, LTD.



Principal Place of Business  
 7483 S.W. 24TH STREET, SUITE 209  
 MIAMI, FL 33155

Mailing Address  
 7483 S.W. 24TH STREET, SUITE 209  
 MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 20-2333199

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J  
 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER  
 MIAMI, FL 33155

Name  
 DE PEDRO - GONZALEZ, MARIA D.

Street Address (P.O. Box Number is Not Acceptable)

7483 SW 24th ST, SUITE 209

City  
 MIAMI

FL

Zip Code  
 33155

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

*Maria de Pedro - Gonzalez* 4-22-06

DATE

**FILE NOW!!! 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P05000019554  
 NAME GRAN VIA GP, INC.  
 STREET ADDRESS 7483 S.W. 24TH STREET, SUITE 209  
 CITY-ST-ZIP MIAMI, FL 33155

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
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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 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:

*Maria de Pedro - Gonzalez* 4-22-06

Date

Daytime Phone #

305-267-3624

STAPLE CHECK HERE