


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A18762 1. Entity Name AVM, L.P.						SEC. OF STATE DIVISION OF CORPORATE & STATE PATENT AFFAIRS 06 FEB 14 AM 8:40	
Principal Place of Business 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431				Mailing Address 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				01302006 Chg-LP CR2E003 (11/05)		4. FEI Number 36-3256076	
				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCAULEY, WILLIAM P 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				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 #	L99000007195			STREET ADDRESS			
NAME	AVM ASSOCIATES LLC			CITY-ST-ZIP			
STREET ADDRESS	777 YAMATO ROAD, SUITE 300			300066807523 02/28/06 01025 006 **500.75			
CITY-ST-ZIP	BOCA RATON, FL 33431			STREET ADDRESS			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				William P. McCauley Manager, AVM Associates LLC		January 30, 2006 561-544-4550 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE