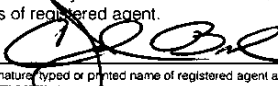



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 10:05

DOCUMENT # A20864 1. Entity Name MASSACHUSETTS AVENUE, LTD.					
Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655			Mailing Address P.O. BOX 2108 ELFERS, FL 34680-2108		
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 59-2589078	
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		
BRASHER, C. JOHN			Name		
8801 RIVER CROSSING BLVD.			Street Address (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY, FL 34655			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  DATE					
9. Capital Contributions as Shown on record. \$92,745.04		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	H77213		STREET ADDRESS		
NAME	MASSACHUSETTS AVE INC		CITY-ST-ZIP		
STREET ADDRESS	8801 RIVER CROSSING BLVD.				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE