


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

526.25

DOCUMENT # A27302	
1. Entity Name 127TH AVENUE ASSOCIATES, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

Principal Place of Business 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131
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MOORE CR2E003 (11/03)

2. Principal Place of Business 703 Waterford Way	3. Mailing Address 703 Waterford Way
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State Miami, FL	City & State Miami, FL
Zip 33126	Country
Zip 33126	Country

4. FEI Number 65-0082379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	703 Waterford Way
	Suite 800
City	Miami
FL	Zip Code 33126

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$303,688.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	249850	STREET ADDRESS	703 Waterford Way, Suite 800
NAME	COURTELIS COMPANY	CITY-ST-ZIP	Miami, FL 33126
STREET ADDRESS	701 BRICKELL AVE #1400		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	200031671762
NAME		CITY-ST-ZIP	04/01/04--01014--015 **526.25
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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 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:  Douglas B. Richman Treasurer 3/3/04 305-261-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE