


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

526.25

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A27302 1. Entity Name 127TH AVENUE ASSOCIATES, LTD.			
Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI FL 33126		Mailing Address 703 WATERFORD WAY STE. 800 MIAMI FL 33126	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 MIAMI FL 33126			
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 Signature, typed or printed name of registered agent and title if applicable		DATE	
9. Capital Contributions as Shown on record. \$303,688.00		10. Amount of Capital Contributions in FLORIDA to date.	



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0082379 Applied For Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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	
NAME	COURTELIS COMPANY	CITY- ST- ZIP	000000331636
STREET ADDRESS	703 WATERFORD WAY, STE. 800		04/26/05-80026-002 526.25
CITY- ST- ZIP	MIAMI FL 33126		
DOCUMENT #		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

Douglas H. Pridgen
Douglas H. Pridgen

4/4/5 305-261-4330
Larg Daytime Phone #

STAPLE CHECK HERE