

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A32181

1. Entity Name
LEISURE VILLAS, LTD.



Principal Place of Business
300 NW 12TH AVENUE
MIAMI, FL 33128

Mailing Address
300 NW 12TH AVENUE
MIAMI, FL 33128



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0299667

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREATER MIAMI NEIGHBOR HOODS INC.
300 S.W. 12TH AVENUE, SUITE A
MIAMI, FL 33130

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 **\$659,831.00**

10. Amount of Capital Contributions
 in FLORIDA to date

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 # **N40913**
 NAME **PENINSULA HOUSING DEVELOPERS, INC.**
 STREET ADDRESS **300 S.W. 12TH AVE., #A**
 CITY - ST - ZIP **MIAMI, FL 33130**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **756392**
 NAME **CODEC, INC.**
 STREET ADDRESS **300 S.W. 12TH AVE., #A**
 CITY - ST - ZIP **MIAMI, FL 33130**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **S83632**
 NAME **GMN AFFORDABLE HOUSING PARTNER III, INC.**
 STREET ADDRESS **300 S.W. 12TH AVENUE, SUITE A**
 CITY - ST - ZIP **MIAMI, FL 33130**

STREET ADDRESS

CITY - ST - ZIP

000000346021
04/30/05-80060-008 526.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 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)(f), 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

Salvatore Martorano **08/04/2005** **(305)324-5505**

Date

Daytime Phone

STAPLE CHECK HERE