

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 8:43



DOCUMENT # A94000000401
1. Entity Name
VIA 313-1/2 WORTH AVENUE, LTD.

Principal Place of Business
333 1/2 WORTH AVE., BLDG. B
PALM BEACH, FL 33480

Mailing Address
313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

03232005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0477632

Applied For
Not Applicable

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

MICHAEL TORRES
C/O TRICONY MGT., LLC
333 1/2 WORTH AVE., BLDG. B
PALM BEACH, FL 33480

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

9. Capital Contributions as Shown on record. **\$3,118,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,118,500.00**

**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 # P98000020376
NAME TRICONY VIA CORP.
STREET ADDRESS 313 1/2 WORTH AVE., STE. B-1
CITY-ST-ZIP PALM BEACH, FL 33480

STREET ADDRESS
CITY-ST-ZIP **500050510865
04/12/05--01010--018 **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: Edward Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-25-05 (561) 832-7088
Date Daytime Phone #

EDWARD TORRES

STAPLE CHECK HERE