کمیکی LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A9400000401

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



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

333 1/2 WORTH AVE., BLDG. 8 PALM BEACH, FL 33480

Mailing Address

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





02092006 No Chg-LP

CR2E003 (11/05)

FEI Number
 65-0477632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

PALM BEACH, FL 33480			IN THIS STACE	
	named entity submits this statement for the purpose of changin tions of registered agent.	g its registered affice or reg	stered agent, or both, in the State of Florida. Lam familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable,		DATE	
	FiLE NOWIII FEE IS \$500.0 After May 1, 2006, Fee will be \$			
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed of			
12.	GENERAL PARTNER INFORMATION	Marin Companies de deu		
DOCUMENT #	P98000020376 -	•		
NAME	TRICONY VIA CORP.	1		
STREET ADDRESS	313 1/2 WORTH AVE., STE. B-1	}	U00000494814	
City-ST-ZIP	PALM BEACH, FL 33480		04/20/06-80061-001 500.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 partnershor the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT I
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daylime Phone #