

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A94000000401

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



FILED

2007 APR 23 AM 11:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 333 1/2 WORTH AVE., ~~BLDG. B~~ Suite B-1 PALM BEACH, FL 33480
 Mailing Address: 313 1/2 WORTH AVENUE, STE. B-1 PALM BEACH, FL 33480



03222007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

~~MICHAEL TORRES~~ Tricony Florida Corp.
~~C/O TRICONY MGT., LLC~~
 333 1/2 WORTH AVE., ~~BLDG. B~~ Suite B-1
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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: Rock Toron DATE: 4-5-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

200101349532
 05/03/07--01013--022 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Rock Toron DATE: 4/5/07 (561) 832-7088