

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000401

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

313 1/2 WORTH AVE.  
SUITE B-1  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

313 1/2 WORTH AVE.  
SUITE B-1  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 65-0477632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRICONY FLORIDA CORP  
313 1/2 WORTH AVENUE  
SUITE B-1  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000020376  
Name: TRICONY VIA CORP.  
Address: 313 1/2 WORTH AVE., STE. B-1  
City-St-Zip: PALM BEACH, FL 33480

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RICK TORRES

PRES

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date