

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000833

1. Entity Name
TRAFALGAR ASSOCIATES OF AVENTURA, LTD.



526.25

Principal Place of Business
701 WATERFORD WAY, SUITE 110
MIAMI, FL 33126

Mailing Address
701 WATERFORD WAY, SUITE 110
MIAMI, FL 33126



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

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

City & State

Zip Country

01262005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0595508

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE A
701 WATERFORD WAY, SUITE 110
MIAMI, FL 33126

7. Name and Address of New Registered Agent

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 this if applicable.

9. Capital Contributions as Shown on record. **\$6,980,000.00**

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 #	P95000036678	STREET ADDRESS	
NAME	TRAFALGAR ASSOCIATES OF AVENTURA, INC.	CITY - ST - ZIP	
STREET ADDRESS	701 WATERFORD WAY, SUITE 110		
CITY - ST - ZIP	MIAMI, FL 33126		
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02/02/05-80003-018 526.25

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: *Jose A Gonzalez* **JOSE A GONZALEZ** *1-27-05* **1-27-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE