


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

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002190
1. Entity Name
MIAMI AVENUE ASSOCIATES, LTD.



Principal Place of Business
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

Mailing Address
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139



2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0898926

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	
CRAIG ROBINS, 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000081056	STREET ADDRESS	
NAME	MIAMI AVENUE ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1632 PENNSYLVANIA AVE.		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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04/27/05-80007-012 141.25

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

MIAMI AVENUE ASSOC., INC. General Partner

SIGNATURE: _____ VP 3/1/05 305-531-8700

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