

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002410

1. Entity Name
AVENUE ROYALE, LTD.



Principal Place of Business
**6900 SOUTHPOINT DR. NORTH
 SUITE 250
 JACKSONVILLE, FL 32216**

Mailing Address
**6900 SOUTHPOINT DR. NORTH
 SUITE 250
 JACKSONVILLE, FL 32216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3539026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANKERS, GUS
 6900 SOUTHPOINT DR. NORTH
 SUITE 250
 JACKSONVILLE, FL 32216**

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

Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record.

\$1,000.00

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 # **L99000002809**
 NAME **CORO AVENUE ROYALE, LLC**
 STREET ADDRESS **6900 SOUTHPOINT DRIVE, NORTH, STE. 250**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Gus Sankers, Manager
 of Coro Avenue Royale LLC
 General Partner 4/15/05**

Date

Daytime Phone #

904-296-1112

STAPLE CHECK HERE