

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

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002492



1. Entity Name  
63RD STREET 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  
65-0898924

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBINS, CRAIG  
1632 PENNSYLVANIA AVE.  
MIAMI BEACH, FL 33139

**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

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

DATE

9. Capital Contributions  
as Shown on record. \$10,000.00

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**

DOCUMENT # P98000091173  
NAME 63RD STREET ASSOCIATES, INC.  
STREET ADDRESS 1632 PENNSYLVANIA AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33139

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

800054040848  
05/09/05--01018--011 \*\*158.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

Vice President

(305) 931-8700

Date

Daytime Phone #

STAPLE CHECK HERE