

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JUN -4 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B03000000200**

1. Entity Name  
**AVP FUND-I GP LIMITED PARTNERSHIP**



Principal Place of Business  
**255 ALHAMBRA CIR., STE. 1100  
CORAL GABLES, FL 33134-7400**

Mailing Address  
**255 ALHAMBRA CIR., STE. 1100  
CORAL GABLES, FL 33134-7400**

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

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

City & State

Zip Country

Barcode

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**01-0776089**

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$0.00**

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 #	<b>M03000001840</b>	STREET ADDRESS	
NAME	<b>AVP FUND-I GP LLC</b>	CITY-ST-ZIP	<b>500037850165</b>
STREET ADDRESS	<b>255 ALHAMBRA CIR., STE. 1100</b>		<b>06/10/04--01080--006 **141.25</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 331347400</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

**Philip F. Blumberg, Sole Member 4-27-04 305.569.9500**

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

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

STAPLE CHECK HERE