

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

**FILED**

04 MAY -3 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02172004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0236370 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # B03000000336**  
1. Entity Name  
NEW MEXICO URBAN INITIATIVES FUND, L.P.



Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400  
Mailing Address 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400

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

6. Name and Address of Current Registered Agent  
BLUMBERG, PHILIP F  
255 ALHAMBRA CIRCLE, SUITE 1100  
CORAL GABLES, FL 33134-7400

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 title if applicable.

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 #	BLUMBERG, PHILIP F	STREET ADDRESS	
NAME	255 ALHAMBRA CIRCLE, SUITE 1100	CITY-ST-ZIP	900036544579
STREET ADDRESS	CORAL GABLES, FL 331347400		05/18/04--01032--003 **141.25
CITY-ST-ZIP			
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CITY-ST-ZIP			

STAPLE CHECK HERE

*Handwritten signature/initials*

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

AVNM General, L.P., General Partner, AVNM General, LLC, Philip F. Blumberg, Sole Owner  
**SIGNATURE:** *[Signature]* April 27, 2004 305.569.9500  
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #