


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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B03000000336</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0236370	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BLUMBERG, PHILIP F		CITY-ST-ZIP		
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 1100				
CITY-ST-ZIP	CORAL GABLES, FL 331347400				
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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					
AVNM General, LLC General Partner, Philip F. Blumberg, Sole Member					
SIGNATURE: _____			Date: April 25, 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: 305.569.9500		

STAPLE CHECK HERE

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