


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

**FILED**

04 MAY -3 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B03000000337</b>		
1. Entity Name AVNM GENERAL, 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



01062004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>32-0100163</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLUMBERG, PHILIP F 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400		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.

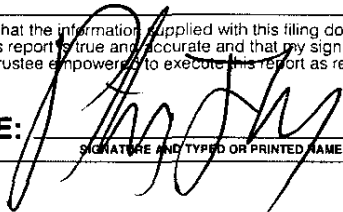
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$297,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	<b>600036545006</b>
STREET ADDRESS	CORAL GABLES, FL 331347400		05/18/04--01033--007 **526.25
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		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:**  **AVNM General, LLC, General Partner 4-27-04**  
**Philip F. Blumberg, Sole Member**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **305-569-9500**

STAPLE CHECK HERE