

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

196

DOCUMENT # B05000000442

1. Entity Name

RESIDENCES ACQUISITION L.P.



FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21

Principal Place of Business

3500 SOUTH DUPONT HIGHWAY  
 DOVER DE 19901

Mailing Address

3211 PONCE DE LEON BLVD., SUITE 202  
 C/O NEWPORT PROPERTY VENTURES, LTD.  
 CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3211 Ponce De Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

20-3635432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCURTIS, CONSTANTINE  
 3211 PONCE DE LEON BLVD., SUITE 202  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Martini, Gregory T

Street Address (P.O. Box Number is not Acceptable)

2655 LeJeune Road, Ste 1101

City

Coral Gables

FL

Zip Code

33134

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]*

2/20/2008

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # L05000054123  
 NAME RESIDENCES WEST BEACH, LLC  
 STREET ADDRESS 3211 PONCE DE LEON BLVD., STE 202  
 CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200129589532

05/15/08--01012--025 \*\*500.00

DOCUMENT #  
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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 exemptions contained in Chapter 119, 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

Constantine J. Scurtis

2/19/08

(305) 446-0010

Date

Daytime Phone

STAPLE CHECK HERE