


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000443		
1. Entity Name ALV FOUNTAINS LLLP		

Principal Place of Business ONE SOUTHEAST THIRD AVENUE, #3100 MIAMI, FL 33131	Mailing Address ONE SOUTHEAST THIRD AVENUE, #3100 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 2007 APR 30 AM 10:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02072007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8001803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRACY, GRANVIL ONE SOUTHEAST THIRD AVENUE, #3100 MIAMI, FL 33131		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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	THE FOUNTAINS APARTMENTS LLC	STREET ADDRESS	
NAME	ONE SOUTHEAST THIRD AVENUE SUITE #3100	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33131		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100101974721
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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: _____ **4/24/07 305-350-1901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE