
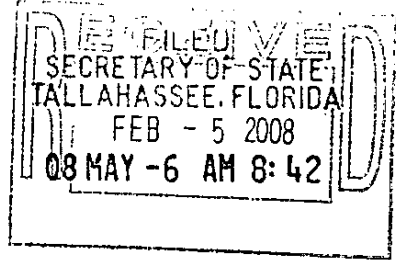


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

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

219)



2. Principal Place of Business - No P.O. Box # 800 Brickell Ave Suite, Apt. #, etc. PH 1		3. Mailing Address 800 Brickell Ave Suite, Apt. #, etc. PH 1	
City & State Miami FL		City & State Miami FL	
Zip 33131	Country US	Zip 33131	Country US

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent TRACY, GRANVIL ONE SOUTHEAST THIRD AVENUE, #3100 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Ave PH 1 City Miami FL Zip Code 33131	
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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, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	THE FOUNTAINS APARTMENTS LLC	STREET ADDRESS	800 Brickell PH 1
NAME	ONE SOUTHEAST THIRD AVENUE SUITE #3100	CITY-ST-ZIP	Miami FL 33131
STREET ADDRESS	MIAMI FL 33131		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

GRANVIL TRACY

Date

Daytime Phone #

4/14/08

205-350-1901