


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

**FILED  
Apr 26, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A01000001102							
1. Entity Name AVENTURA MARINA, LTD.							
Principal Place of Business 3350 N.E. 190TH STREET AVENTURA, FL 33180			Mailing Address 3350 N.E. 190TH STREET AVENTURA, FL 33180				
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 65-1132098			
				Applied For Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. \$7,415,250.00			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. 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 #	L01000013852			STREET ADDRESS			
NAME	AVENTURA MARINA, L.L.C.			CITY-ST-ZIP			
STREET ADDRESS	10165 NW 19TH STREET						
CITY-ST-ZIP	MIAMI, FL 33172						
DOCUMENT #	P03000104535			STREET ADDRESS	100000331834		
NAME	TRG-AVENTURA MARINA, INC.			CITY-ST-ZIP	04/26/05-80034-002 535.00		
STREET ADDRESS	2828 CORAL WAY, PH SUITE						
CITY-ST-ZIP	MIAMI, FL 33145						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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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							
SIGNATURE: _____ DATE: 4/6/05 Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE