2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9300000483 **DOCUMENT #**

1. Entity Name

BONAVENTURE ASSOCIATES 93, LTD.



Principal Place of Business *** BERGER SINGERMAN** SUITE 1000, 350 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address * BERGER SINGERMAN SUITE 1000, 350 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

FT. LAUDERDALE FL 33301	٠
3. Mailing Address	

FILED JAN 27 PM 5: 28 SECRETARY OF STATE

[ALL'AHASSEE] FLORIDA



DUE BY MAY 1, 2003

City & State		Cit	City & State			4. FEI Number	Applied For Not Applicable				
Zip		Country	Zìŗ)	Coun	Country 5. Certificate of Status Desired				3.75 Additional	
· 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
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MEYERS, DAWN M 350 EAST LAS OLAS BLVD., SUITE 1000					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33301											
						City			FL	Zip Code	
	named entity tions of regist	y submits this statement ered agent.	for the pur	pose of changing its re	egistere	ed office or regi	stered agent, or both	, in the State of Florida.	I am fan	niliar with, and accept	
SIGNATURE -	Signature typed	or printed name of registered age	et and title it a	anliachia					DATE		
9. Capital Co	ontributions	\$16,630,589.00		10. Amount of Capital	Contrib	butions 🖠 🔐	630,58 9 .00	11. MAKE CHECK PAY		FL. DEPT. OF STATE	
as Shown		*, * **		in FLORIDA to dat	e	90	<u> </u>	SEE REVERSE SI		EE INFORMATION	
		GENERAL PARTNER : General Partners N								er.	
12.		GENERAL PARTN	ER INFORI	MATION	13.			ADDRESS CHANGE	\$ ONLY		
DOCUMENT #	F9300000				стог	ET ADDRESS					
NAME		DEVELOPMENT, INC			SINE	STREET ADDRESS					
STREET ADDRESS 832 GERMANTOWN PIKE, SUITE 5				CITY	CITY-ST-ZIP						
CITY-ST-ZIP	ITY-ST-ZIP PLYMOUTH MEETING PA 19402				OIII	400010976014					
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CITY-ST-ZIP	MIAMI FL				OIII	01 28					
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NAME		AVENTURE, INC.			SINE	LET ADDRESS		··			
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CITY-ST-ZIP	NEW YOR	K NY 10022			•						
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CITY-ST-ZIP											
14. Thereby c	certify that the	information supplied wi	tn this filing	g does not qualify for t	he exer	nption stated in	Section 119.07(3)(i),	Florida Statutes. I furth	er 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 his report as required by Chapter 620, Florida Statutes

SIGNATURE:

SICHARDAERE

Daytime Phone #