


2001 UNIFORM BUSINESS REPORT (UBR)

0004240 AF

DOCUMENT # A96000002190

1. Entity Name
BLUMBERG/BRICKELL, LTD.

FILED
01 APR -9 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business % AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Mailing Address % AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134
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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 **65-0716246** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCIA, AGNES
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$453,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # **L00000002055**
NAME **BRICKELL, LLC.**
STREET ADDRESS **255 ALHAMBRA CIRCLE, STE 1100**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

by: **AMERICAN VENTURES PROPERTY FUND-1, LTD, Sole members Mgr;**
by: **AUCI TRUST, MANAGING General Partner** (305) 569-9900

by: **PHILIP BLUMBERG, PRESIDENT** 4/6/01 Daytime Phone #

CR2E003 (11/00)