

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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02 APR 29 PM 4: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A96000002190**

1. Entity Name  
**BLUMBERG/BRICKELL, LTD.**

Principal Place of Business <b>% AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134</b>	Mailing Address <b>% AMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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**DUE BY MAY 1, 2002**

4. FEI Number **65-0716246**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARCIA, AGNES  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$453,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L00000002055 BRICKELL, LLC. 255 ALHAMBRA CIRCLE, STE 1100 CORAL GABLES FL 33134</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>700005502487--4 -05/10/02--01038--019 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

By: **American Ventures Property Fund-I, Ltd.; Its: Sole Member and Manager; By: AVRI Trust; Its: Managing General Partner Philip F. Blumberg, Manager 4-23-02 305-569-9500**

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)

STAPLE CHECK HERE