


2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

04 DEC -2 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9800000725
 1. Entity Name
AVENTURA INTERNATIONAL BUSINESS CENTER, LTD.



Principal Place of Business Mailing Address
1986 NE 149TH STREET **1986 NE 149TH STREET**
N. MIAMI, FL 33181 **N. MIAMI, FL 33181**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



11182004 REIN-LP CR2E100 (6/04)

4. FEI Number Applied For
65-0850932 Not Applicable

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

6. Name and Address of Current Registered Agent
ROUSSO, MARK E ESQ.
~~**9440 HOLLYWOOD BLVD., STE. 360**~~
~~**HOLLYWOOD, FL 33024**~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AVE SUITE 900
 City State Zip Code
AVENTURA FL 33180

*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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,300,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **1,300,000.-** **11/18/04**

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 #	P98000024071
NAME	AVENTURA INTERNATIONAL BUSINESS CENTER, INC
STREET ADDRESS	9440 HOLLYWOOD BLVD., STE. 360
CITY-ST-ZIP	HOLLYWOOD, FL 33024
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	18851 NE 29th AVE. SUITE 900
CITY-ST-ZIP	AVENTURA, FL 33180
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

REINSTATEMENT 84

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STAPLE CHECK HERE

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: _____ **11/30/04** **786279.0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #