

2002 UNIFORM BUSINESS REPORT (UBR)

0001829 AV

DOCUMENT # **A98000001129**

1. Entity Name

AVENTURA LAND INVESTMENTS, L.P.

FILED

02 MAR 11 PM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5025 COLLINS AVENUE, UNIT 601 MIAMI BEACH FL 33140	Mailing Address 5025 COLLINS AVENUE, UNIT 601 MIAMI BEACH FL 33140
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2. Principal Place of Business 2777 N.E. 183RD STREET	3. Mailing Address 2777 N.E. 183RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State AVENTURA, FL	City & State AVENTURA, FL	4. FEI Number 65-0849762	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country USA	Zip 33160	Country USA

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

6. Name and Address of Current Registered Agent

**TESSLER, RUDOLPH
5025 COLLINS AVENUE, UNIT 601
MIAMI BEACH FL 33140**

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. **4,715,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,715,000.00**

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	
DOCUMENT # P98000040016	AVENTURA LAND MANAGEMENT, INC. 900 WEST JACKSON BLVD., 8TH FLOOR CHICAGO IL 60607
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800005097888--3 -03/12/02--01073--015 ****526.25 ****526.25
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

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

2-20-02

312 738-1717

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE