

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001129

1. Entity Name
AVENTURA LAND INVESTMENTS, L.P.




Principal Place of Business
2777 N.E. 183RD STREET
AVENTURA, FL 33160

Mailing Address
2777 N.E. 183RD STREET
AVENTURA, FL 33160

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



04192004 Chg-LP CR2E003 (10/03)

4. FEI Number
~~05-0849762~~ 65-0833320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. 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.

Capital Contributions as Shown on record. \$4,715,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,215,000.00

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 # | P98000040016 | STREET ADDRESS | |
| NAME | AVENTURA LAND MANAGEMENT, INC. | CITY - ST - ZIP | |
| STREET ADDRESS | 900 WEST JACKSON BLVD., 8TH FLOOR | | |
| CITY - ST - ZIP | CHICAGO, IL 60607 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 600034691076 |
| NAME | | CITY - ST - ZIP | 04/29/04 01033-021 **2276.25 |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

\$526.25

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: Debra 4/19/04 312 738-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #