

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0001420  
AV

DOCUMENT # **B01000000186**

1. Entity Name

**AVPF RIVERWAY, LTD.**

02 APR 29 PM 4: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O AMERICAN VENTURES PROPERTY FUND, LTD.  
255 ALHAMBRA CIRCLE, STE. 1100  
CORAL GABLES FL 33134**

Mailing Address

**C/O AMERICAN VENTURES PROPERTY FUND, LTD.  
255 ALHAMBRA CIRCLE, STE. 1100  
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFREY, THOMAS W**

**C/O AMERICAN VENTURES PROPERTY FUND, LTD.**

**255 ALHAMBRA CIRCLE, STE. 1100**

**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 \_\_\_\_\_

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

DATE

9. Capital Contributions  
as Shown on record.

**\$50.00**

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 # **M01000001167**  
NAME **RIVERWAY VENTURE, LLC**  
STREET ADDRESS **255 ALHAMBRA CIRCLE, STE. 1100**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**100005503491--1**  
**-05/10/02--01076--005**  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.3(3)(c), Florida Statutes, with the exception that the individual named as Managing General Partner whose 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: **Philip F. Blumberg, President 4-23-02-305-569-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)