

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:16

**1.** Name of Limited Partnership

**1a. DOCUMENT #**  
**A93000000483**

**BONAVENTURE ASSOCIATES 93, LTD.**



**Mailing Address**

C/O THE RELATED GROUP OF FLORIDA  
2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145

**Principal Office Address**

C/O THE RELATED GROUP OF FLORIDA  
2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145

**3.** Date Formed or Registered

05/07/1993

**3a.** Date of Last Report

01/23/1997

**4.** State or Country of Formation

FL

**5a.** Capital Contributions as  
Shown on record:

\$16,630,589.00

**5b.** Amount of Capital  
Contributions in FLORIDA  
to date:

**2.** Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**2a.** Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**6.** FEI Number

65-0447145

☐ Applied For  
☐ Not Applicable

**7.** Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

**9.** Name and Address of Current Registered Agent

ALZAREZ, MARCELO  
2828 CORAL WAY, PENTHOUSE  
MIAMI FL 33145

**10.** If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11.** Name(s) of General Partner(s)

ROIZMAN DEVELOPMENT COMPANY,  
THE RELATED GROUP OF FLORIDA

**11a.** Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

801 EAST GERMANTOWN P  
2828 CORAL WAY, PENTH

**11b.** City, State & Zip Code

NORRISTOWN PA 19401  
MIAMI FL 33145

**11c.** Registration/  
Document Number

F93000002127  
G95069900033

800002353708--7  
-12/04/97--01115--012  
\*\*\*\*550.00 \*\*\*\*550.00

dec (cus)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 220, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

STUART BRIEFER, ROIZMAN

Daytime Telephone Number

11/21/97  
(305) 460-9900

CR2E003 (6/97)