

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000483**

1. Entity Name

**BONAVENTURE ASSOCIATES 93, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 29 PM 4:03

Principal Place of Business  
% BERGER SINGEMAN  
SUITE 1000, 350 EAST LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

Mailing Address  
% BERGER SINGEMAN  
SUITE 1000, 350 EAST LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

**65-0447145**

Applied For

Not Applicable

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

**MEYERS, DAWN M**

**350 EAST LAS OLAS BLVD., SUITE 1000  
FT. LAUDERDALE FL 33301**

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.

**\$16,630,589.00**

10. Amount of Capital Contributions in FLORIDA to date.

**16,630,589**

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 # **F93000002127**  
NAME **ROIZMAN DEVELOPMENT, INC.**  
STREET ADDRESS **832 GERMANTOWN PIKE, SUITE 5**  
CITY-ST-ZIP **PLYMOUTH MEETING PA 19402**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **0050699000003 GP9900000984**  
NAME **THE RELATED GROUP OF FLORIDA**  
STREET ADDRESS **2828 CORAL WAY, PENTHOUSE SUITE 5**  
CITY-ST-ZIP **MIAMI FL 33145**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F93000005031**  
NAME **RCC Bonaventure, Inc.**  
STREET ADDRESS **625 Madison Ave., 9th Floor**  
CITY-ST-ZIP **New York, NY 10022**

STREET ADDRESS

CITY-ST-ZIP

**700005480577--8**

**05/07/02 01024 002**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (9/01)

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/5/02**

**610-278-1233**

Date

Daytime Phone #