

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAY 12 AM 10: 02

DOCUMENT # A0400000589

1. Entity Name  
 AVANTI AVENTURA LIMITED PARTNERSHIP, LLLP



Principal Place of Business

C/O THE CORAL REALTY GROUP, LLC  
 6400 CONGRESS AVENUE, SUITE 1750  
 BOCA RATON, FL 33487

Mailing Address

C/O THE CORAL REALTY GROUP, LLC  
 6400 CONGRESS AVENUE, SUITE 1750  
 BOCA RATON, FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



01132005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

20-1042110

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

LAPIDUS, JEFFREY H  
 201 S. BISCAYNE BLVD., SUITE 2600  
 MIAMI, FL 33131

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.

600056035886  
 06/10/05-01081--004 88526.25  
 DATE

SIGNATURE

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

9. Capital Contributions  
 as Shown on record. \$5,650,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

\$5,650,000.00

**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

STAPLE CHECK HERE

DOCUMENT # L04000025747  
 NAME AVANTI MANAGERS, LLC  
 STREET ADDRESS 6400 CONGRESS AVENUE, SUITE 1750  
 CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

*Suria Kune Mendelsohn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Representative*

Day

Daytime Phone #