

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A04000000589**

1. Entity Name  
**AVENTI 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**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**20-1042110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

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

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**900074147349**  
**05/09/06--01014--013 \*\*800.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Title

Daytime Phone #

STAPLE CHECK HERE