2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
2007 MAY 10 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000589

1. Entity Name
AVENTI AVENTURA LIMITED PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
C/O THE CORAL REALTY GROUP, LLC 6400 CONGRESS AVENUE, SUITE 1750 BOCA RATON, FL 33487	C/O THE CORAL REALTY GROUP, LLC 6400 CONGRESS AVENUE, SUITE 1750 BOCA RATON, FL 33487

02272007 Chg-LP CR2E003 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
LAPIDUS, JEFFREY H 201 S. BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131	Name NRAI SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 City WESTON FL Zip Code 33331

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 Zulma M. Howarth, Asst Secy 4-25-07
Signature, type or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000025747	STREET ADDRESS	
NAME	AVENTI MANAGERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 1750		
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600103099326
NAME		CITY-ST-ZIP	05/23/07--01020--014 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: ILYNS MENDELSON 4-11-07 561-988-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STATE USE ONLY