

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33125**

1. Entity Name

AMERICAN VENTURES PROPERTY FUND-I, LTD.

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business

255 ALHAMBRA CIRCLE
 SUITE 1100
 CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE
 SUITE 1100
 CORAL GABLES FL 33134-7400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0348540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLUMBERG, PHILIP F.
 255 ALHAMBRA CIRCLE
 SUITE 1100
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
 as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **L55767**
 NAME **AVRA - GPI, INC.**
 STREET ADDRESS **255 ALHAMBRA CIRCLE, SUITE 1100**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800003283238--0
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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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

AMERICAN VENTURES PROPERTY FUND-I, LTD.
 AVRA-GPI, INC, GENERAL PARTNER, 4/26/00
 PHILIP F. BLUMBERG, PRESIDENT

Date

Daytime Phone #

CR2/E001 (1/9/97)