## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33125  1. Entity Name  AMERICAN VENTURES PROPERTY FUND-I, LTD.				02 APR 29 PH 4: 54		
						UZ AFR Z
				Principal Place of Business  255 ALHAMBRA CIRCLE SUITE 1100  CORAL GABLES FL 33134		Mailing Address 255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES FL 33134
Principal Place of Business     3. Mailing			ng Address			
		Suite, Apt. #, etc.				
Suite, Apt. #, etc.				· .	DUE BY MAY 1, 2002  Applied For	
City & State		City & State			65-0348540 Not Applicable	
Zip Country		Zip Country		ntry	5. Certificate of Status Desired	
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent	
D. 1 11 10 ED	0 PUBLIC E			Name		
BLUMBERG, PHILIP F. 255 ALHAMBRA CIRCLE				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1100						
CORAL GABLES FL 33134				City FL Zip Code		
• The shows	named entity submits this statemen	at for the nurnose of changing	na its reaister	red office or regis	tered agent, or both, in the State of Florida.	
6. The above	Harried entity substitute this distortion	a for the purpose of the same		ū	•	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.			DATE	
9. Capital Contributions \$20,000,000 10. Amount of Capital Con				ibutions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as Shown o	an record.	D THAT IS A BUSINESS	S ENTITY N	MUST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the			on the forr	n; an amendm	ent must be flied to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT #	Tippaa					
NAME	AVRA - GPI, INC.		SIF	STREET ADDRESS 600000000000000000000000000000000000		
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	****526.25 *****526.25	
DOCUMENT #	D0000000015		STF	REET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP		
DOCUMENT #	CONAL GABLES 1 E 30104 /		STI	REET ADDRESS		
STREET ADDRESS :			CIT	FY-ST-ZIP		
DOCUMENT #		<del></del>	SΠ	REET ADDRESS		
NAME STREET AODRESS			e I	TY-ST-ZIP		
CITY-ST-ZIP			UI	11-31-2IF		
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CITY-ST-ZIP						
DOCUMENT # NAME			ST	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP		
14. I hereby indicated the received	oertify that the information supplied ton this report is trile and accurate ver or trustee employeerd to execu	with this filing does not qua and that my signature shall te this report as required by	lify for the ex have the sar Chapter 620	cemption stated in the legal effect as the property of the pro	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	

Philip F. Blumberg, President 4-23-02 305-569-9500

INTED NAME OF SIGNING GENERAL PARTNER

Date

Date