

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 23 AM 8:33

**DOCUMENT # A33125**

1. Entity Name  
AMERICAN VENTURES PROPERTY FUND-I, LTD.



Principal Place of Business  
255 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134

Mailing Address  
255 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134

*AS*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005

Chg-LP

CR2E003 (10/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$20,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 # B03000000200  
NAME AVP FUND-I GP LIMITED PARTNERSHIP  
STREET ADDRESS 255 ALHAMBRA CIRCLE, SUITE 1100  
CITY-ST-ZIP CORAL GABLES, FL 331347400

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # D00000000015  
NAME AVRI TRUST  
STREET ADDRESS 255 ALHAMBRA CIRCLE, SUITE 1100  
CITY-ST-ZIP CORAL GABLES, FL 331347400

STREET ADDRESS  
CITY-ST-ZIP

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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

AVRI Trust, Managing General Partner, Philip F. Blumberg, Authorized Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 25, 2005

Date

305.569.9500

Daytime Phone #

STAPLE CHECK HERE