## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address 255 ALHAMBRA CIRCLE

## A33125 **DOCUMENT #**

Principal Place of Business 255 ALHAMBRA CIRCLE

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



SECRETARY OF STATE

DIVISION OF CORPORATIONS

03 APR -9 AMII: 46

SUITE 1100 **SUITE 1100** CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 65-0348540 City & State Applied For City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUMBERG, PHILIP F. Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE **SUITE 1100 CORAL GABLES FL 33134** Zip Code City 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, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$20,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L55767 DOCUMENT # STREET ADDRESS AVRA - GPI, INC. NAME 255 ALHAMBRA CIRCLE, SUITE 1100 STREET ADDRESS CITY-ST-7/P CORAL GABLES FL 33134-7400 CITY-ST-ZIP D00000000015 DOCUMENT # STREET ADDRESS 6U0015544886 AVRI TRUST NAME <u>04/09/03--01014--026 \*\*526.25</u> 255 ALHAMBRA CIRCLE, SUITE 1100 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-7400 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

CR2E003 (10/02)

Philip F. Blumberg, President

Date

estate investment trust, as Managing General Partner By: AVRI Trust, 205 560 OFM

SIGNATURE: