

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000483**

1. Entity Name

BONAVENTURE ASSOCIATES 93, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 29 PM 4:03

Principal Place of Business
% BERGER SINGEMAN
SUITE 1000, 350 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address
% BERGER SINGEMAN
SUITE 1000, 350 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0447145**

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

MEYERS, DAWN M
350 EAST LAS OLAS BLVD., SUITE 1000
FT. LAUDERDALE FL 33301

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.

DATE

9. Capital Contributions as Shown on record. **\$16,630,589.00**

10. Amount of Capital Contributions in FLORIDA to date. **16,630,589**

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 # **F93000002127**
NAME **ROIZMAN DEVELOPMENT, INC.**
STREET ADDRESS **832 GERMANTOWN PIKE, SUITE 5**
CITY-ST-ZIP **PLYMOUTH MEETING PA 19402**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **005069900093 GP9900000984**
NAME **THE RELATED GROUP OF FLORIDA**
STREET ADDRESS **2828 CORAL WAY, PENTHOUSE SUITE 5**
CITY-ST-ZIP **MIAMI FL 33145**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **F93000005031**
NAME **RCC Bonaventure, Inc.**
STREET ADDRESS **625 Madison Ave., 9th Floor**
CITY-ST-ZIP **New York, NY 10022**

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/02 610-278-1233

Date Daytime Phone #

CR2E003 (9/01)

0021008 SP