

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 11 PM 1:15

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000235

AVENTURA MEDICAL PLAZA ASSOCIATES, LTD.



Mailing Address

~~2110 BISCAYNE BOULEVARD, SUITE 100~~  
~~AVENTURA FL 33180~~

Principal Office Address

~~2110 BISCAYNE BOULEVARD, SUITE 100~~  
~~AVENTURA FL 33180~~

3. Date Formed or Registered

02/17/1995

5a. Capital Contributions as  
Shown on record.

\$628,750.00

3a. Date of Last Report

12/01/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$628,750.00

4. State or Country of Formation

FL

6. FEI Number

65-0553480

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2300 Glades Road

Suite, Apt. #, etc.  
Suite 100E

City & State

Boca Raton, Florida

Zip Country  
33431 USA

2a. Principal Office Address

2300 Glades Road

Suite, Apt. #, etc.

Suite 100E

City & State

Boca Raton, Florida

Zip Country  
33431 USA

9. Name and Address of Current Registered Agent

~~LOBEL, DOUGLAS J.~~  
~~2110 BISCAYNE BOULEVARD, SUITE 100~~  
~~AVENTURA FL 33180~~

10. If changed, new Registered Agent/Office

Name

AMP Equity Corp.

Street Address (P.O. Box Number Is Not Acceptable)

2300 Glades Road

Suite, Apt. #, etc.

Suite 100E

City

Boca Raton

FL

Zip Code  
33431

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

By:

William R. Greenfield, President

12/8/97

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

~~AVENTURA MEDICAL PLAZA, INC.~~

AMP Equity Corp.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~2110 BISCAYNE BOULEV~~

2300 Glades Road  
Suite 100E

11b. City, State & Zip Code

~~AVENTURA FL 33180~~

Boca Raton, FL  
33431

11c. Registration/  
Document Number

~~P03000051625~~

P98000020422

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*William R. Greenfield*

DATE

12/8/98

Typed or Printed Name of General Partner Signing Form

William R. Greenfield,  
President

Daytime Telephone Number (561) 392-6662

CR2E003 (8/98)