

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000000235**

1. Entity Name  
**AVENTURA MEDICAL PLAZA ASSOCIATES, LTD.**



Principal Place of Business  
**2300 GLADES ROAD, SUITE 100-E  
BOCA RATON, FL 33431**

Mailing Address  
**2300 GLADES ROAD, SUITE 100-E  
BOCA RATON, FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

02172004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0553480**

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

**AMP EQUITY CORP.  
2300 GLADES ROAD, SUITE 100-E  
BOCA RATON, FL 33431**

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. **\$628,750.00**

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 # **P98000020422**  
NAME **AMP EQUITY CORP.**  
STREET ADDRESS **2300 GLADES ROAD, SUITE 100E**  
CITY- ST- ZIP **BOCA RATON, FL 33431**

STREET ADDRESS

CITY- ST- ZIP

**000000111355**  
**04/13/04-80013-023 526.25**

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STREET ADDRESS

CITY- ST- ZIP

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:**

**William R. Greenfield 3/15/04**

**561-392-6662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE