

A95000001549



Schantz  
Schatzman  
Aaronson  
& Cahan, P.A.

ATTORNEYS AT LAW  
FIRST UNION FINANCIAL CENTER  
200 SOUTH BEACON BOULEVARD  
SUITE 1050  
MIAMI, FLORIDA 33131-2394  
TELEPHONE: (305) 371-3100  
TELECOPIER: (305) 371-2024

September 27, 1995

[ VIA FEDERAL EXPRESS ]

FLORIDA SECRETARY OF STATE  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

400001597134  
-09/28/95--01072--001  
\*\*\*\*787.50 \*\*\*\*787.50

RE: **Aventura Associates, Ltd.**  
(Our File No.: 30133.01)

Gentlemen:

Enclosed herewith please find our firm's trust account check in the sum of \$787.50, payable to the Florida Secretary of State, with respect to the filing of the Certificate of Limited Partnership with respect to the above Limited Partnership.


Also, enclosed please find an original Certificate of Limited Partnership of Aventura Associates, Ltd.

The enclosed check covers the following items (i) Certificate of Limited Partnership - \$700.00; (ii) Registered Agent - \$35.00; (iii) Certified Copy - \$52.50.

Please forward the Certified Copy as soon as possible.

Sincerely,

SCHANTZ, SCHATZMAN, AARONSON & CAHAN, P.A.

  
IRVING SHIMMOFF  
Of Counsel

FILED  
1995 OCT 16 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IS/rp  
Encls.

cc: Mr. Jack Gluck (via telefax)  
Mr. Richard Schechter (via telefax)

G:\S\MIS\SECSTATE.AVE

~~495000019563~~  
~~8789,519,671~~  
10/16/95a



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 29, 1995

**IRVING SHIMOFF**  
**SCHANTZ, SCHATZMAN, AARONSON & CAHAN, P.**  
**200 SOUTH BISCAYNE BLVD., STE. 1050**  
**MIAMI, FL 33131-2394**

**SUBJECT: AVENTURA ASSOCIATES, LTD.**  
Ref. Number: W95000019563

We have received your document for AVENTURA ASSOCIATES, LTD. and your check(s) totaling \$787.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson  
Corporate Specialist

Letter Number: 895A00044568

ATTORNEYS AT LAW  
FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 1050  
MIAMI, FLORIDA 33131-2394  
TELEPHONE: (305) 371-3100  
TELECOPIER: (305) 371-2024



Schantz  
Schatzman  
Aaronson  
& Cahan, P.A.

October 12, 1995

[ VIA FEDERAL EXPRESS ]

**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**  
409 East Gaines Street  
Tallahassee, Florida 32399

**RE: Aventura Beach Associates, Ltd.**  
(Our File No.: 30133.01)

Gentlemen:

Enclosed please find an original Certificate of Limited Partnership of Aventura Beach Associates, Ltd.

I am also enclosing herewith a copy of your letter of September 29, 1995 with respect to my original submission of a Certificate of Limited Partnership for Aventura Associates, Ltd. and the check then enclosed.

I trust that the enclosure is satisfactory and you will arrange for the filing of the enclosed Certificate.

Please call me should you have any questions with respect to the foregoing.

Sincerely,

**SCHANTZ, SCHATZMAN, AARONSON & CAHAN, P.A.**

A handwritten signature in dark ink, appearing to read 'I. Shimmoff', is written over a horizontal line.

**IRVING SHIMMOFF**  
Of Counsel

IS/rp  
Encls.

cc: Mr. Jack Gluck (w/encls./via regular mail)  
Mr. Richard Schechter (w/encls./via regular mail)

G:\S\MIS\SECSTATE.AV2

A95000001549

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**AVENTURA BEACH ASSOCIATES, LTD.**

FILED  
1995 OCT 16 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THIS CERTIFICATE OF LIMITED PARTNERSHIP is prepared and filed in order to form a limited partnership in accordance with Section 620.108, Florida Statutes.

1. The name of the limited partnership is "AVENTURA BEACH ASSOCIATES, LTD."

2. The address of the office and the name and address of the agent for service of process on the limited partnership is:

IRVING SHIMOFF  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 1050  
MIAMI, FL 33131-2394

3. The name and business address of the sole general partner is:

AVENTURA INVESTORS, INC.  
C/O RICHARD SCHECHTER  
4101 PINE TREE DRIVE, #1423  
MIAMI BEACH, FL 33140

4. The mailing address for the limited partnership is:

C/O RICHARD SCHECHTER  
4101 PINE TREE DRIVE, #1423  
MIAMI BEACH, FL 33140

5. The term of the limited partnership shall commence upon the filing of this Certificate with the Florida Department of State, and the latest date upon which the limited partnership is to dissolve is December 31, 2040.

THE UNDERSIGNED general partner has executed this Certificate of Limited Partnership this 12<sup>th</sup> day of October, 1995.

GENERAL PARTNER:

AVENTURA INVESTORS, INC.,  
a Florida corporation

By:   
IRVING LANGER, Vice President

THE UNDERSIGNED accepts the foregoing designation as the agent for service of process on AVENTURA BEACH ASSOCIATES, LTD., and agrees to act in that capacity.

  
\_\_\_\_\_  
IRVING SHIMOFF

1995 OCT 16 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

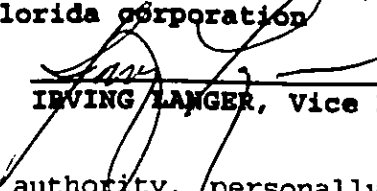
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA )  
 ) :SS.:  
COUNTY OF DADE )

THE UNDERSIGNED, IRVING LANGER, as Vice President of the sole general partner of AVENTURA BEACH ASSOCIATES, LTD., a Florida limited partnership, being first duly sworn on oath, deposes and says:

1. That he is the Vice President of AVENTURA INVESTORS, INC., a Florida corporation, and in that capacity has full authority to sign this Affidavit on behalf of the corporation.
2. That AVENTURA INVESTORS, INC. is the sole general partner of AVENTURA BEACH ASSOCIATES, LTD., a Florida limited partnership.
3. That the amount of the capital contributions of the limited partners and the total amount anticipated to be contributed by the limited partners at this time is \$100,000.00.

**FURTHER AFFIANT SAYETH NOT.**

**GENERAL PARTNER:**  
**AVENTURA INVESTORS, INC.,**  
**a Florida corporation**  
By:   
\_\_\_\_\_  
**IRVING LANGER, Vice President**

BEFORE ME, the undersigned authority, personally appeared IRVING LANGER, as Vice President of AVENTURA INVESTORS, INC., a Florida corporation, who is personally known to me ~~or has produced~~

\_\_\_\_\_ as identification,  
and who did take an oath, and acknowledged before me that he  
executed the foregoing instrument for the purposes herein  
expressed.

WITNESS MY HAND and official seal at Miami, Dade County,  
Florida, this 12<sup>th</sup> day of October, 1995.

\_\_\_\_\_  
JAMES C. EBANKS *[Signature]*  
• (Print Name of Notary Public)  
NOTARY PUBLIC, State of Florida at Large  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



"OFFICIAL SEAL"  
James Calbert Ebanks  
My Commission Expires 4/4/97  
Commission #CC 273769

FILED  
1995 OCT 16 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G:\IS\MIS\CERTPART.AVB

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

**FILED**

96 APR -4 PH 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001549**

**AVENTURA BEACH ASSOCIATES, LTD.**

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

**400001776784**

2a. New Principal Office

**-04711736--01059--017**  
**\*\*\*\$76.25 \*\*\*\$76.25**

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

**C/O RICHARD SCHECHTER**  
**4101 PINE TREE DR., #1423**  
**MIAMI BEACH FL 33140**

Principal Office Address

**C/O RICHARD SCHECHTER**  
**4101 PINE TREE DR., #1423**  
**MIAMI BEACH FL 33140**

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in  
FLORIDA

**10/16/1995**

3a. Date of Last Report

4. State or Country of Formation

**FL**

5a. Capital Contributions as Shown  
on Record

**\$100,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

**22-3408853**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$125 Assistant Fee required  
for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

*Handwritten initials: JH, H-9*

9. Name and Address of Current Registered Agent

**SHIMOFF, IRVING**  
**200 SOUTH DISCAYNE BLVD.**  
**STE. 1050**  
**MIAMI FL 33131-2364**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**FL**

Zip Code

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.

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 INVESTORS, INC.**

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

**C/O 4101 PINE TREE DR**

11b. City, State & Zip Code

**MIAMI BEACH FL 33140**

11c. Registration/  
Document Number

**P95000073087**

**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

*Handwritten signature of Richard Schechter*

DATE

**3/25/96**

Typed or Printed Name of General Partner Signing Form

**RICHARD SCHECHTER**

Telephone Number

**305 932 2233**

CR2E003 (1/95)