

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 17 AM 11:34



1. Name of Limited Partnership	1a. DOCUMENT # A95000001549
AVENTURA BEACH ASSOCIATES, LTD.	

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	3. Date Formed or Registered 10/16/1995	5a. Capital Contributions as Shown on record. \$100,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	3a. Date of Last Report 01/07/1997	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
		6. FEI Number 22-3408853	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent SHIMOFF, IRVING 200 SOUTH BISCAYNE BLVD. STE. 1050 MIAMI FL 33131-2394	10. If changed, new Registered Agent/Office Name 7000002380187-4 Street Address (P.O. Box Number is Not Acceptable) -12/23/97-01037-008 ***541.25 ***541.25 Suite, Apt #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
AVENTURA INVESTORS, INC.	C/O 4101 PINE TREE DR	MIAMI BEACH FL 33140	P95000073087 <i>12-19</i>

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 *[Signature]* DATE **12/8/97**
Typed or Printed Name of General Partner Signing Form **RICHARD SCHECHTER** Daytime Telephone Number **305 932 2233**

CR2E003 (6/97)