

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001549  
 1. Entity Name  
 AVENTURA BEACH ASSOCIATES, LTD

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 14 AM 10:24

Principal Place of Business Mailing Address  
 19201 COLLINS AVENUE 19201 COLLINS AVENUE  
 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL  
 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-3408853		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHIMOFF, IRVING 200 SOUTH BISCAYNE BLVD STE 1050 MIAMI, FL 33131-2394				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 (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: 100,000.00  
 10. Amount of Capital Contributions in FLORIDA to date.  
 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 #	P95000073087	STREET ADDRESS	19201 COLLINS AVENUE		
NAME	AVENTURA INVESTORS, INC	CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
STREET ADDRESS		CITY-ST-ZIP	2/23/00		
CITY-ST-ZIP		STREET ADDRESS	000003148390--2		
DOCUMENT #		CITY-ST-ZIP	-02/25/00--01099--009		
NAME		STREET ADDRESS	***526.25 ***526.25		
STREET ADDRESS		CITY-ST-ZIP			
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NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP		STREET ADDRESS			

CR2E003 (9/99)

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: X [Signature] 2/10/00 3059322233  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #