

2001 UNIFORM BUSINESS REPORT (UBR)

0005406 AF


DOCUMENT # A95000001549

1. Entity Name
AVENTURA BEACH ASSOCIATES, LTD.

Principal Place of Business: **C/O RICHARD SCHECHTER, 19201 COLLINS AVENUE, NORTH MIAMI BEACH FL 33160**

Mailing Address: **C/O RICHARD SCHECHTER, 19201 COLLINS AVENUE, NORTH MIAMI BEACH FL 33160**

FILED
01 MAR 30 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **22-3408853**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHIMOFF, IRVING
200 SOUTH BISCAYNE BLVD.
STE. 1050
MIAMI FL 33131-2394**

7. Name and Address of New Registered Agent

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 _____ (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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000073087 AVENTURA INVESTORS, INC. 19201 COLLINS AVENUE NORTH MIAMI BEACH FL 33160	STREET ADDRESS CITY-ST-ZIP	000003992840--3 -04/11/01--01111--009 ****526.25 ****526.25
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CR2E003 (11/00)

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: _____ **SIGNATURE REQUIRED** _____ **3/20/01** **305 9322233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #