

A9500000 1549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

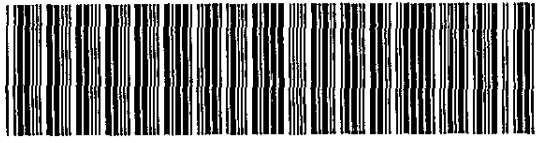
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041843470

10/28/04--01019--013 **35.00

FILED
2004 DEC -21 PM 1:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W

J. BRYAN NOV - 1 2004

J. BRYAN DEC 9 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVENTURA BEACH ASSOCIATES, LTD
(Name of corporation)

DOCUMENT NUMBER: A95000001549

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tere L Schembre
(Name of contact person)

Aventura Beach Associates LTD
(Firm/Company)

19201 COLLINS AVENUE
(Address)

N. MIAMI BEACH, FL 33160
(City/state and zip code)

2004 DEC - 2 PM 1:16
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tere Schembre at (305) 9322233 x1452
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 1, 2004

TERRI L. SCHEMBRE
AVENTURA BEACH ASSOCIATES LTD.
19201 COLLINS AVENUE
N. MIAMI BEACH, FL 33160

SUBJECT: AVENTURA BEACH ASSOCIATES, LTD.
Ref. Number: A95000001549

FILED
2004 DEC -2 PM 1:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for AVENTURA BEACH ASSOCIATES, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 304A00062592

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AVENTURA BEACH ASSOCIATES LTD
Name of the limited partnership

2. OCT 1998 3. A95000001549
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SHIMOFF, IRVING
Name
200 SOUTH BISCAYNE BLVD
Address
MIAMI FL 33131-2394
City, State and Zip

5. The name and address of the new registered agent and/or office:

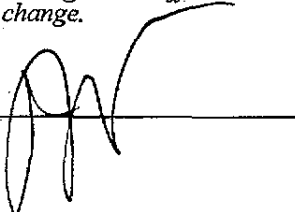
JOSHUA D MANASTER
Name
1428 BRICKELL AVE 8TH FLOOR
Florida street address (P.O. Box not acceptable)
MIAMI FL 33131
City, State and Zip

FILED
2004 DEC -2 PM 1:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**