

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 1:40

DOCUMENT # A98000001129

1. Entity Name
AVENTURA LAND INVESTMENTS, L.P.



Principal Place of Business
2777 N.E. 183RD STREET
AVENTURA, FL 33160

Mailing Address
2777 N.E. 183RD STREET
AVENTURA, FL 33160



07022007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0833320

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # P98000040016
NAME AVENTURA LAND MANAGEMENT, INC.
STREET ADDRESS 900 WEST JACKSON BLVD., 8TH FLOOR
CITY-ST-ZIP CHICAGO, IL 60607

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

800106632118
07/24/07--01042--016 **508.75

BLT

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: De Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/2/07

Date

(312) 738-1717

Daytime Phone #

STAPLE CHECK HERE