

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000002822**

1. Entity Name  
**SR-1 OF AVENTURA LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 27 PM 1:29

Principal Place of Business  
C/O TURNBERRY ASSOCIATES  
19501 BISCAYNE BLVD., SUITE 400  
AVENTURA FL 33180

Mailing Address  
C/O TURNBERRY ASSOCIATES  
19501 BISCAYNE BLVD., SUITE 400  
AVENTURA FL 33180-2342



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 **65-0882732**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BERNSTEIN, KENNETH**  
**19501 BISCAYNE BLVD., SUITE 400**  
**AVENTURA FL 33180**

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. **\$250,000.00**

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 #	P98000105467	STREET ADDRESS	700003305587-15	
NAME	SR-1 OF AVENTURA, INC.	CITY - ST - ZIP	-06/27/00-01007-021	
STREET ADDRESS	19501 BISCAYNE BLVD., SUITE 400		***1928.75 ****526.25	
CITY - ST - ZIP	AVENTURA FL 33180		PF \$526.25	
DOCUMENT #		STREET ADDRESS		
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STREET ADDRESS				
CITY - ST - ZIP				

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