

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001266**

1. Entity Name

AVENTURA LAND HOLDING, LTD.

Principal Place of Business

350 WEST CAMINO GARDENS BLVD., SUITE 303
BOCA RATON FL 33432

Mailing Address

350 WEST CAMINO GARDENS BLVD., SUITE 303
BOCA RATON FL 33432-5825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 E. Hillsboro Blvd.
Suite, Apt. #, etc.

3. Mailing Address

321 E. Hillsboro Blvd.
Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach FL

4. FEI Number

Applied For

Not Applicable

Zip

33441

Country

Zip

33441

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STREET, BRIAN
350 WEST CAMINO GARDENS BLVD., SUITE 303
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
321 E. Hillsboro Blvd.
City
Deerfield Beach FL Zip Code
33441

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.

\$0.00

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

DOCUMENT # **P99000067880**
NAME **AVENTURA LAND HOLDING, INC.**
STREET ADDRESS **350 WEST CAMINO GARDENS BLVD., SUITE 303**
CITY - ST - ZIP **BOCA RATON FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **321 E. Hillsboro Blvd.**
CITY - ST - ZIP **Deerfield Beach, FL 33441**

DOCUMENT #
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CITY - ST - ZIP

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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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: **Jeffrey I Schocket** 4/26/00 (954) 418-0208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #