

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008008 AF

**DOCUMENT # A99000001266**

1. Entity Name  
**AVENTURA LAND HOLDING, LTD.**

**FILED**

*Handwritten initials*

Principal Place of Business      Mailing Address

**321 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**      **321 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**

**07 MAR 19 AM 7:51**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0938904**      Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STREET, BRIAN  
321 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**

**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 *[Signature]*      DATE **3/14/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.**      **141.25**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000067880 AVENTURA LAND HOLDING, INC. 321 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>400003891494--7</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>-03721701--01115--021 ****141.25 ****141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]*      **SIGNATURE REQUIRED**      **3/14/01**      Date      Daytime Phone #

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)

CR2E003 (11/00)