

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012214 AT

DOCUMENT # **A99000001266**

1. Entity Name
AVENTURA LAND HOLDING, LTD.

02 FEB 22 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 321 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441	Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0938904	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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DUE BY MAY 1, 2002

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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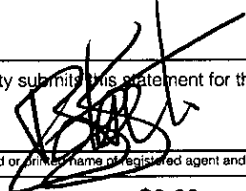
6. Name and Address of Current Registered Agent

**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  _____ DATE **2/15/02**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000067880 AVENTURA LAND HOLDING, INC. 321 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800005031918--7 03/01/02 01033-015 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE: **2/15/02**
DATE

Daytime Phone #

CR2E003 (9/01)