
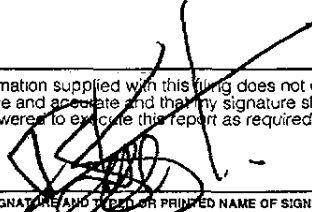


2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000001266					
1. Entity Name AVENTURA LAND HOLDING, LTD.					
Principal Place of Business 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STOTZER, TED 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F03000000596		STREET ADDRESS		
NAME	AVENTURA LAND HOLDING (DEL), INC.		CITY-ST-ZIP		
STREET ADDRESS	321 E. HILLSBORO BLVD.			00000333395 04/27/05-80003-015 150.00	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: 			Date: 4/15/05 954 418-0208		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



04052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0938904 Applied For Not Applicable

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

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