


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Mar 13, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A99000001266  
1. Entity Name  
AVENTURA LAND HOLDING, LTD.



Principal Place of Business      Mailing Address  
321 E. HILLSBORO BLVD.      321 E. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441      DEERFIELD BEACH, FL 33441



02152006 No Chg-LP      CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>65-0938904      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
  
STOTZER, TED  
321 E. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 #     | F03000000596                      |
| NAME           | AVENTURA LAND HOLDING (DEL), INC. |
| STREET ADDRESS | 321 E. HILLSBORO BLVD.            |
| CITY-ST-ZIP    | DEERFIELD BEACH, FL 33441         |
| DOCUMENT #     |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| DOCUMENT #     |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| DOCUMENT #     |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

000000465403  
03/22/06-80034-018 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James M. Osher      Date \_\_\_\_\_      System Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER