


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012340 AT

**DOCUMENT # A99000001266**

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



**FILED**  
03 MAY -5 PM 7:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*BMJM*

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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

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. 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.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$20,000,000.00**

11. **MAKE CHECK PAYABLE TO FL. 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 #	<b>P99000067880</b>
NAME	<b>AVENTURA LAND HOLDING, INC.</b>
STREET ADDRESS	<b>321 E. HILLSBORO BLVD.</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>700018006587 05/05/03--01055--015 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

STAPLE CHECK HERE

CR2E003 (10/02)

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **4/29/03** **954-418-0208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #