2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001737

1. Entity Name

AVENTURA LAND HOLDING II, LTD.

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number 65-0938374 — Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
STREET, BRIAN 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.

SIGNATURE _____   3/14/01
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 # P99000093535 NAME AVENTURA LAND HOLDING II, INC. STREET ADDRESS 321 E. HILLSBORO BLVD. CITY-ST-ZIP DEERFIELD BEACH FL 33441	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 700003891497--7 -03/21/01--01115--022 CITY-ST-ZIP ****141.25 ****141.25
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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 REQUIRED_____   3/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #