

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012366 AT

DOCUMENT # **A99000001737**



FILED
03 MAY -5 PM 7:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
AVENTURA LAND HOLDING II, 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.

DUE BY MAY 1, 2003

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. 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.

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 # NAME STREET ADDRESS CITY-ST-ZIP	F01000006127 AVENTURA LAND HOLDING II (DEL), INC. 321 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000018008460 05/05/03--01064--024 **141.25
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03 **954-418-0208**
Date Daytime Phone #

CR2E003 (10/02)