FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91780 038 ***150.00

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108293

1. Entity Name

AVENTURA PROPERTIES OF SOUTH FLORIDA, INC.

Principal Place of Business

SIGNATURE: /

Mailing Address

3000 N UNIVERSITY DRIVE SUITE E CORAL SPRINGS FL 33065

3000 N UNIVERSITY DRIVE SUITE E

CORAL SPRINGS FL 33065

2. Principal	Place of Busin	ness	3. Mailing Address	3. Mailing Address			T SABELLERE HIS EQUAL LIGHT BERLI OREN WEIGH STORM BEIGH (DISE LIGHE 1919 18196 195) (00)					
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State	City & State		4. FEI Number			-	Applied For Not Applicable		
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired \$8.7				5 Additional equired		
	6. Name	and Address of Current	Registered Agent	1		7. Nan	ne and Address of New Regist		•		\dashv	
					Name =				===		===	
MYARA, ARMAND												
3000 N U	NIVERSITY I	DRIVE SUITE E		Street Addres		ess (P.O. Box Number is Not Acceptable)						
CORAL SI	PRINGS FL	33065		-							\dashv	
					0:		<u></u>				_	
					City Zip Code							
8. The above	named entity	submits this statement for	or the purpose of changing i	ts registered	office or registere	d agent.	or both, in the State of Florida.					
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SIGNATURE											- [
	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registered A	gent signature required v	vhen reinsta	ting)	ATE				
9. This corp	oration is eligi	ble to satisfy its Intangible	FILE NOW	FILE NOW!!! FEE IS \$150.00							┪	
Tax filing requirement and elects to do so.				After May 1, 2002 Fee will be \$550.		1	Election Campaign Financing	_		00 мау Ве	Ì	
(See crite	ria on back)		Make Check Paya	Make Check Payable to Department of			Trust Fund Contribution.		Adde	ed to Fees	1	
17.		OFFICERS AND	DIRECTORS	12.		ADDIT	ONS/CHANGES TO OFFICERS	ANDD	IBECTO	RS IN 11	4~	
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NAME	MYARA, AF			NAME	}			-	_ change	L. Navidon	ò	
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TREET ADDRESS				STREET AL	DDRESS							

13. Thereby certify that the information supplied with this filling 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 or supplemental report is true and occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR