


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Apr 26, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A01000001102			
1. Entity Name AVENTURA MARINA, LTD.			
Principal Place of Business 3350 N.E. 190TH STREET AVENTURA, FL 33180		Mailing Address 3350 N.E. 190TH STREET AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$7,415,250.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000013852	STREET ADDRESS	
NAME	AVENTURA MARINA, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	10165 NW 19TH STREET		
CITY-ST-ZIP	MIAMI, FL 33172		
DOCUMENT #	P03000104535	STREET ADDRESS	1000000331834
NAME	TRG-AVENTURA MARINA, INC.	CITY-ST-ZIP	04/26/05-80034-002 535.00
STREET ADDRESS	2828 CORAL WAY, PH SUITE		
CITY-ST-ZIP	MIAMI, FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date _____ <small>Daytime Phone # _____</small>	



04052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1132098 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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