


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000000978					
1. Entity Name WEST GROVES (ORLANDO) AIP III, L.L.P.					
Principal Place of Business 923 N. PENNSYLVANIA WINTER PARK FL 32789			Mailing Address 923 N. PENNSYLVANIA WINTER PARK FL 32789		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3743311	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHWARTZ, CHARLES 923 N. PENNSYLVANIA WINTER PARK FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$12,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	

#526²⁵ AL



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G02163900074	STREET ADDRESS	0000002163900074
NAME	AVANTI CAPITAL ASSOCIATES	CITY-STATE-ZIP	02/02/05-80035-006 526.25
STREET ADDRESS	923 N. PENNSYLVANIA		
CITY-STATE-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-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: *Beila Sherman* *1/25/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE