2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A0300000075 1. Entity Name				SECRETARY OF STATE DIVISION OF CORPERATIONS	
LEGACY PARK VENTURE, L.L.L.P.				06 APR 24 AM 10: 56	
Principal Place of Business Mailing Address			···		
923 N PENNSYLVANIA AVE WINTER PARK FL 32789		923 N PENNSYLVANIA AVE WINTER PARK FL 32789			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E003 (10/05)	
City & State		City & State		4. FEI Number AP-PLIED FOR 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			Name	7. Name and Address of New Registered Agent	
SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP 923 N PENNSYLVANIA AVE WINTER PARK FL 32789			IValle	Ivanie	
			Street Addres	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 Signature, typed or printed parts of registered agent and fills if applicable.					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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.					
			13.	ADDRESS CHANGES ONLY	
DOCUMENT#	LEGACY PARK (ORLANDO) AIP IV, L.L.L.P.		STREET ADDRESS		
NAME STREET ADDRESS CITY-S1-ZIP			CITY-ST-ZIP		
DOCUMENT #	WINTER PARK FL 32/09		STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	600074753656 05/17/0601012019 **500.00	
DOCUMENT / NAME			STREET AUDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			C1TY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

SIGNATURE

STAPLE CHECK HERE

HOYCOS SCHWOYS

Charles Schwantz

APR 0 3 2006

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Date