

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 06, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A04000001220 1. Entity Name AVALON TC II LIMITED PARTNERSHIP					
Principal Place of Business 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828			Mailing Address 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828		
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 W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 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 _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____					
9. Capital Contributions as Shown on record. \$3,800,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P04000102834		STREET ADDRESS		
NAME	BKI TCII HOLDINGS, INC.		CITY - ST - ZIP		
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE				
CITY - ST - ZIP	ORLANDO, FL 32828				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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:  SV P KEITH A. EDG 3-14-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE



02152005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-1441198
 Applied For
 Not Applicable

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

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~~05/09/05-01010-004 **\$35.00~~

~~600054037406~~
~~05/09/05-01010-005 **\$26.25~~

600054037406
05/09/05-01010-005 **\$26.25

600054037406
05/09/05-01010-006 **\$8.75