

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004287 AV

APPROVED  
AND  
FILED

02 APR 15 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000002259**

1. Entity Name  
**AVANTI HYDE PARK, LTD.**

Principal Place of Business <b>777 SOUTH HARBOUR ISLAND BLVD., SUITE 140 TAMPA FL 33602</b>	Mailing Address <b>777 SOUTH HARBOUR ISLAND BLVD., SUITE 140 TAMPA FL 33602</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3477177**

Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**GIORDANO, MICHAEL B**  
**777 SOUTH HARBOUR ISLAND BLVD., SUITE 140**  
**TAMPA FL 33602**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>P97000089908</b>
NAME	<b>AVANTI HYDE PARK OF TAMPA, INC.</b>
STREET ADDRESS	<b>777 SOUTH HARBOUR ISLAND BLVD., SUITE 140</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300005294433--4</b>
CITY-ST-ZIP	<b>-04/19/02--01004--027</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **4-12-2002** **813-229-5352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Michael B. Giordano** Date

Daytime Phone #

CR2E003 (9/01)