


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004422 AV

DOCUMENT # A97000002259


1. Entity Name
AVANTI HYDE PARK, LTD.



W/ef 24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 PM 3:35



Principal Place of Business
**777 SOUTH HARBOUR ISLAND BLVD., SUITE 140
TAMPA FL 33602**

Mailing Address
**777 SOUTH HARBOUR ISLAND BLVD., SUITE 140
TAMPA FL 33602**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3477177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. 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. **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

11. **MAKE CHECK PAYABLE TO FL. 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 #	P97000089908
NAME	AVANTI HYDE PARK OF TAMPA, INC.
STREET ADDRESS	777 SOUTH HARBOUR ISLAND BLVD., SUITE 140
CITY-ST-ZIP	TAMPA FL 33602
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	000016230320
CITY-ST-ZIP	04/18/03--01008--002 **526.25
STREET ADDRESS	
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:  **Michael B. Giordano Pres.** **4-15-03 813-229-5352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **General Partner** Date Daytime Phone #

STAPLE CHECK HERE

CRE2E003 (10/02)