

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000979**

1. Entity Name

WEST GROVES VENTURE, L.L.L.P.

FILED
 02 JUN 12 - PM 5:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O AVANTI CAPITAL ASSOCIATES
 431 EAST HORATIO AVENUE, SUITE 210
 MAITLAND FL 32751**

Mailing Address

**C/O AVANTI CAPITAL ASSOCIATES
 431 EAST HORATIO AVENUE, SUITE 210
 MAITLAND FL 32751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3743253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

437 ⁵⁰ DUE BY MAY 1, 2002 *OK*

6. Name and Address of Current Registered Agent

**SCHWARTZ, CHARLES
 C/O AVANTI CAPITAL ASSOCIATES
 431 EAST HORATIO AVENUE, SUITE 210
 MAITLAND FL 32751**

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

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

DATE

9. Capital Contributions as Shown on record.

\$12,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
A01000000978	WEST GROVES (ORLANDO) AIP III, L.L.L.P.	431 EAST HORATIO AVE., SUITE 310	MAITLAND FL 32751

STREET ADDRESS	CITY-ST-ZIP
700006069087--5	-06/27/02--01064--011
	***526.25 ***526.25

BK

CR2E003 (9/01)

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 Shedman* **4/15/02** **(407) 628-8488**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER