

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000978**

1. Entity Name
WEST GROVES (ORLANDO) AIP III, L.L.P.

FILED
02 MAY 10 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O AVANTI CAPITAL ASSOCIATES 431 EAST HORATIO AVE., SUITE 210 MAITLAND FL 32751	Mailing Address C/O AVANTI CAPITAL ASSOCIATES 431 EAST HORATIO AVE., SUITE 210 MAITLAND FL 32751
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	437 ⁵⁰ DUE BY MAY 1, 2002 <i>OK Ah</i>
City & State	City & State	
Zip	Country	4. FEI Number 59-3743311
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARTZ, CHARLES C/O AVANTI CAPITAL ASSOCIATES 431 EAST HORATIO AVE., SUITE 210 MAITLAND FL 32751	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. \$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
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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	G01200900214 AVANTI CAPITAL ASSOCIATES 431 EAST HORATIO AVE., SUITE 210 MAITLAND FL 32751	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G02163900074	CITY-ST-ZIP	BK
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300006162993--4 -07/02/02--01058--018- *****437.50 *****437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	300006162993--4 -07/02/02--01058--019 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: *Beila Sherman* **Beila Sherman** **4/11/02** **407-6288488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)