

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A0100000978</b>			
1. Entity Name WEST GROVES (ORLANDO) AIP III, L.L.P.			
Principal Place of Business 923 N. PENNSYLVANIA WINTER PARK FL 32789		Mailing Address 923 N. PENNSYLVANIA WINTER PARK FL 32789	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3743311		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

*#526<sup>25</sup> All*



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>SCHWARTZ, CHARLES</b> 923 N. PENNSYLVANIA WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$12,000,000.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	G02163900074 AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789	STREET ADDRESS CITY - ST - ZIP	000000213320 02/02/05-80035-006 526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 1/25/05  
Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_