2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

CHECK

SIGNATURE

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # A01000000979 1. Entity Name WEST GROVES VENTURE, L.L.L.P. Principal Place of Business Mailing Address C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 59-3743253 Not Applicab Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Repuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, CHARLES Street Address (P.O. Box Number is Not Acceptable) C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed value of agent and time if applicable. DATE FILE NOWIN Fee is \$500. After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # A01000000978 U00000500856 04/25/06-80037-023-500.00 STREET ADDRESS NAME WEST GROVES (ORLANDO) AIP III, L.L.L.P. STREET ADDRESS 923 N. PENNSYLVANIA AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7)P SOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZP Chty-ST-ZIP 14. I hereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119. 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 path; that I am a General Partner of the limited partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

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