


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 29, 2007 08:00 A
RECEIVED JAN 18 2007
Secretary of State

| | |
|--|---|
| DOCUMENT # A01000000978 1. Entity Name WEST GROVES (ORLANDO) AIP III, L.L.P. |  |
|--|---|

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|---|---|
| Principal Place of Business 923 N. PENNSYLVANIA WINTER PARK FL 32789 | Mailing Address 923 N. PENNSYLVANIA WINTER PARK FL 32789 |
|---|---|



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|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|


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|------------------------------------|---|
| 4. FEI Number 59-3743311 | Applied For <input type="checkbox"/> Not Applicable |
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|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHWARTZ, CHARLES 923 N. PENNSYLVANIA WINTER PARK FL 32789 |
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|--|-------------|
| 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  <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE |
|---|-------------|

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|--|--|---------------------------------|--|
| DOCUMENT # G02163900074 | NAME AVANTI CAPITAL ASSOCIATES | STREET ADDRESS | |
| STREET ADDRESS 923 N. PENNSYLVANIA | CITY- ST- ZIP WINTER PARK FL 32789 | CITY- ST- ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY- ST- ZIP | CITY- ST- ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY- ST- ZIP | CITY- ST- ZIP | |
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| STREET ADDRESS | CITY- ST- ZIP | CITY- ST- ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY- ST- ZIP | CITY- ST- ZIP | |

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04/05/07-80027-009 500.00

14. I hereby certify that the information supplied with this filing 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 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

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|---|------------------------|--------------------------------------|
| SIGNATURES  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date 3-28-07 | Daytime Phone # 4076288488 |
|---|------------------------|--------------------------------------|

STAPLE CHECK HERE