


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

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

<b>DOCUMENT #</b> A01000000979 1. Entity Name <b>WEST GROVES VENTURE, L.L.L.P.</b>	
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Principal Place of Business <b>C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789</b>	Mailing Address <b>C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E003 (10/06)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SCHWARTZ, CHARLES C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

4. FEI Number <b>59-3743253</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 # NAME STREET ADDRESS CITY - ST - ZIP	A01000000978 WEST GROVES (ORLANDO) AIP III, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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

**SIGNATURE:** *Beila Sherman* **Beila Sherman** 3-28-07 4076288488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #