


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 21, 2008 08:00 A
Secretary of State**

DOCUMENT # A0100000979
1. Entity Name
WEST GROVES VENTURE, L.L.L.P.



Principal Place of Business: C/O AVANTI CAPITAL ASSOCIATES, 923 N. PENNSYLVANIA AVE., WINTER PARK, FL 32789
Mailing Address: C/O AVANTI CAPITAL ASSOCIATES, 923 N. PENNSYLVANIA AVE., WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



01152008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3743253	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCHWARTZ, CHARLES
C/O AVANTI CAPITAL ASSOCIATES
923 N. PENNSYLVANIA AVE.
WINTER PARK, FL 32789

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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 \$500.00
After May 1, 2008, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A0100000978 WEST GROVES (ORLANDO) AIP III, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK, FL 32789
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05/06/08-80104-011 500.00

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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: _____ **4/7/08** **8009669993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE