

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000978**

1. Entity Name

WEST GROVES (ORLANDO) AIP III, LLLP.

Principal Place of Business

**C/O AVANTI CAPITAL ASSOCIATES
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751**

Mailing Address

**C/O AVANTI CAPITAL ASSOCIATES
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751**

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 ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, CHARLES
C/O AVANTI CAPITAL ASSOCIATES
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$12,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **G01200900214**
NAME **AVANTI CAPITAL ASSOCIATES**
STREET ADDRESS **431 EAST HORATIO AVE., SUITE 210**
CITY-ST-ZIP **MAITLAND FL 32751**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **G02163900074**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/02

407-6288488



FILED
02 MAY 10 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

437

DUE BY MAY 1, 2002

OK

CR2E003 (9/01)