

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000978**

1. Entity Name

WEST GROVES (ORLANDO) AIP III, L.L.P.

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

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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

437⁵⁰ **DUE BY MAY 1, 2002** *OK Ah*

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

7. Name and Address of New Registered Agent

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

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

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 #	
NAME	
STREET ADDRESS	G02163900074
CITY-ST-ZIP	

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: *Beila Sherman* 4/11/02 407-6288488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)