

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007897 AT


APPROVED
AND
FILED

03 MAR 21 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business 923 N. Pennsylvania
Suite, Apt. #, etc.

3. Mailing Address 923 N. Pennsylvania
Suite, Apt. #, etc.

City & State Winter Park FL
Zip 32779 **Country**

City & State Winter Park FL
Zip 32789 **Country**

4. FEI Number 59-3743311 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

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

923 N. Pennsylvania Ave.
Winter Park, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

923 N. Pennsylvania Ave
Winter Park FL 32789

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 Charles Schwartz DATE 2/4/03

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 FL. 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	
DOCUMENT #	G02163900074
NAME	AVANTI CAPITAL ASSOCIATES
STREET ADDRESS	431 EAST HORATIO AVE., SUITE 210
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	923 N. Pennsylvania
CITY-ST-ZIP	Winter Park FL 32789
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 Beila Sherman DATE: MAR 17 2003 DAYTIME PHONE #: 407 6288488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)