## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # | A01000000978 |  |
|------------|--------------|--|

1. Entity Name

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



O3 MAR 21 AH IO: 39
SECRETARY OF STATE
FALL AHASSEE, FEORIDA

APPRUYE

Principal Place of Business C/O AVANTI CAPITAL ASSOCIATES 431 EAST HORATIO AVE SUITE 210 Mailing Address C/O AVANTI CAPITAL ASSOCIATES 431 EAST HORATIO AVE... SUITE 210

| MAITLAND, FL 32751  | MATTLAND FL 32751                               | JITE 210   | TO A BURNET CONTRACT CONTRACT REPORT CONTRACT CO | <b>ac</b> ula <b>14</b> 04 <b>à a</b> ut <b>a</b> 1 <b>0</b> 00 ( <b>à 14</b> 04 ( <b>16</b> 04 ( <b>160</b> 4 |  |  |
|---|---|--|--|--|--|--|
| •   |   |  |  |  |  |  |
| 2. Principal Place of Business<br>923 N. PPMSY VI   | Mailing Address N                               | . Pennsylva  | ya 35 giAV   | anii tam anii iaas iin san   |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             | 1  | DUE BY MAY   |  |  |  |
| Winter Paric +  | Winder Por                                      | K H  | 4. FEI Number 59-3743311   | Applied For Not Applicable   |  |  |
| Zip Country   | 33789   | Country  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required  |  |  |
| 6. Name and Address of Curre  | 6. Name and Address of Current Registered Agent |  |  | 7. Name and Address of New Registered Agent  |  |  |
| SCHWARTZ, CHARLES   |   | Name   |  | ,  |  |  |
| C/O AVANTI CADITAL ACCOCIATEC   |   | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |  |
| 431 EAST HORATIO AVE. SLITE 210 923 N. Pennsylvania Ave. Winter Park, FL 32789  |   | 023  | N. Pennsy vani   | a 410  |  |  |
| MAITLAND FL 32751   | Trailer Faik, FL 32/09                          |  | Nitering (vara   | E1 7/10 Code (CO)  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |   | Tuin   | ter Park   | <b>FL</b> 32 167   |  |  |
| 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. |   |  |  |  |  |  |
| abouted schwartz  |   |  |  |  |  |  |
| SIGNATURE Signature, typed or printed name of registered ag   | ent and title if applicable.                    |  |  | DATE   |  |  |
| 9. Capital Contributions as Shown on record. \$12,000,000.00  | 10. Amount of Capital (<br>in FLORIDA to date   |  | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 PARTI   | 13.   | .   ADDRESS CHANGES ONLY                           |  |  |  |  |
| DOCUMENT # G02163900074  NAME AVANTI CAPITAL ASSOCIATES   |   | STREET ADDRESS 012                                 | 13 N. Pennsylv   | aria   |  |  |
| STREET ADDRESS  CITY-ST-ZIP  431 EAST HORATIO AVE., SU  MAITLAND FL 32751   | TE-210  | CITY-ST-ZIP  | Inter Park f   | 1 32789  |  |  |
| DOCUMENT # NAME   |   | STREET ADDRESS                                     |  |  |  |  |
| STREET ADDRESS<br>CITY - ST - ZIP   |   | CITY-ST-ZIP  |  |  |  |  |
| DOCUMENT ≱ NAME   | ·• · · · · · · · · · · · · · · · · · ·          | STREET ADDRESS                                     |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP  |   | CITY-ST-ZIP  | 200014437<br>03/21/030100500   | 7772<br>4 ***COR OF  |  |  |
| DOCUMENT # NAME   |   | STREET ADDRESS                                     |  |  |  |  |

14. Thereby 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 trusted empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

DULA DULLA DULLA EDENITA EN PRINTED NAME OF SIGNING GENERAL PARTNER

MAR 1 7 2003

Date

407 6288488

Daytime Phone #

CR2E003 (10/02)