

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000979

1. Entity Name

WEST GROVES VENTURE, L.L.P.

Principal Place of Business

C/O AVANTI CAPITAL ASSOCIATES
431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

Mailing Address

C/O AVANTI CAPITAL ASSOCIATES
431 EAST HORATIO AVENUE, 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

59-3743253

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 AVENUE, 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

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 # NAME STREET ADDRESS CITY-ST-ZIP	A01000000978 WEST GROVES (ORLANDO) AIP III, L.L.P. 431 EAST HORATIO AVE., SUITE 310 MAITLAND FL 32751	STREET ADDRESS CITY-ST-ZIP	7000006069087--5 -06/27/02--01064--011 ****526.25 ****526.25
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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

Beila Shedman

4/15/02

(407)

628-8488

FILED
02 JUN 12-PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



437 50

DUE BY MAY 1, 2002

OK

CR2E003 (9/01)