


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000979 1. Entity Name WEST GROVES VENTURE, L.L.L.P.					
Principal Place of Business C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789			Mailing Address C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHWARTZ, CHARLES C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$12,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	A01000000978		STREET ADDRESS		
NAME	WEST GROVES (ORLANDO) AIP III, L.L.L.P.		CITY- ST- ZIP		
STREET ADDRESS	923 N. PENNSYLVANIA AVE.				
CITY- ST- ZIP	WINTER PARK FL 32789				
DOCUMENT #			STREET ADDRESS		
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CITY- ST- ZIP					

\$526.25 AH



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-3743253** ☐ Applied For ☐ Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

000000208771
02/02/05-80005-025 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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* *1/25/05* *407-628-8488*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #