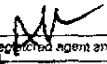


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 10, 2006 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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State 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 SCHWARTZ, CHARLES C/O AVANTI CAPITAL ASSOCIATES 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) 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  DATE					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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	U00000500856	
NAME	WEST GROVES (ORLANDO) AIP III, L.L.L.P.		CITY-ST-ZIP	04/25/06-80037-023 500.00	
STREET ADDRESS	923 N. PENNSYLVANIA AVE.				
CITY-ST-ZIP	WINTER PARK FL 32789				
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Charles Schwartz** **APR 03 2006** **407628846**