


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**RECEIVED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> A01000000979	
<b>1. Entity Name</b> WEST GROVES VENTURE, L.L.L.P.	

<b>Principal Place of Business</b> C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	<b>Mailing Address</b> C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 59-3743253	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SCHWARTZ, CHARLES C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	A01000000978 WEST GROVES (ORLANDO) AIP III, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	U000000683036 04/05/07-80027-010 500.00
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**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:** *Beila Sherman* **Beila Sherman** **3-28-07** **4076288488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE