


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007894 AT

DOCUMENT # A01000000979

1. Entity Name
WEST GROVES VENTURE, L.L.L.P.



FILED
2003 MAR 21 AM 11:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business
923 N. Pennsylvania

3. Mailing Address
923 N. Pennsylvania

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Winter Park FL

4. FEI Number **59-3743253**

Applied For
 Not Applicable

Zip **32789** Country

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
431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
923 N. Pennsylvania Ave
City **Winter Park** FL Zip Code **32789**

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 **Charles Schwartz** DATE **2/4/03**

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 FL. 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A01000000978 WEST GROVES (ORLANDO) AIP III, L.L.L.P. 431 EAST HORATIO AVE., SUITE 310 MAITLAND FL 32751
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	923 N. Pennsylvania Ave
CITY-ST-ZIP	Winter Park, FL 32789
STREET ADDRESS	800014450088
CITY-ST-ZIP	03/21/03--01058--008 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 **Beila Sherman** **Beila Sherman** MAR 17 2003 407-628-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)