

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005.

DOCUMENT # A02000000452

1. Entity Name
AVALON TC I LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 11 AM 9:31

Principal Place of Business
13001 FOUNDERS SQUARE DRIVE
ORLANDO, FL 32828

Mailing Address
13001 FOUNDERS SQUARE DRIVE
ORLANDO, FL 32828

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02152005 Chg-LP CR2E003 (10/03)

4. FEI Number 04-3634451 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

KAHLI, BEAT M
13001 FOUNDERS SQUARE DRIVE
ORLANDO, FL 32828

Name
W&P Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1936 Lee Road

Suite 101

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 DATE 10 May 05

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00

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 # P97000097271
NAME BKI ASSOCIATES, INC
STREET ADDRESS 13001 FOUNDERS SQUARE DRIVE
CITY-ST-ZIP ORLANDO, FL 32828

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

SVP KEITH A. EWING 3-14-05