


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A02000000452					
1. Entity Name AVALON TC I LIMITED PARTNERSHIP					
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	4. FEI Number 04-3634451	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent W&P SERVICES, INC. 1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 450 N. Wymore Road 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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		STREET ADDRESS		
NAME	BKI ASSOCIATES, INC		CITY - ST - ZIP		
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE				
CITY - ST - ZIP	ORLANDO, FL 32828				
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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: _____			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # _____		



01252006 Chg-LP CR2E003 (11/05)

4. FEI Number
04-3634451

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

W&P SERVICES, INC.
1936 LEE ROAD
SUITE 101
WINTER PARK, FL 32789

Name
Street Address (P.O. Box Number is Not Acceptable)
450 N. Wymore Road
City Winter Park FL Zip Code 32789

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

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SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone # _____

STAPLE CHECK HERE