



**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A02000000452						Secretary of State		
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 - No P.O. Box #			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04162008 Chg-LP CR2E003 (12/06)		
City & State			City & State			4. FEI Number 04-3634451		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>								
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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							
DOCUMENT #				STREET ADDRESS				
NAME				CITY - ST - ZIP				
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CITY - ST - ZIP								
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: _____				4/21/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #				