

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000846

1. Entity Name
AVALON LONGWOOD INDUSTRIAL 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

04292004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
42-1539874

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 DR
ORLANDO, FL 32828**

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

Signature: typed or printed name of registered agent and state it applicable

DATE

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

UG0000158688
05/07/04-80032-009 150.00

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