

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 14 AM 11:37

| | |
|---|--|
| DOCUMENT # A03000000075 | |
| 1. Entity Name LEGACY PARK VENTURE, L.L.L.P. | |



| | |
|---|---|
| Principal Place of Business 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 | Mailing Address 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 |
|---|---|

526²⁵ AK



1ST MOORE CR2E003 (10/04)

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|--------------------------------|---------|---------------------|---------|
| 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 AP-PLIED FOR Applied For Not Applicable

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

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 | |
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| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

| | |
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| 9. Capital Contributions as Shown on record. \$1,000,000.00 | 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 # | A03000000074 |
| NAME | LEGACY PARK (ORLANDO) AIP IV, L.L.L.P. |
| STREET ADDRESS | 923 N PENNSYLVANIA AVE |
| CITY- ST- ZIP | WINTER PARK FL 32789 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| DOCUMENT # | |
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| 13. ADDRESS CHANGES ONLY | |
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| STREET ADDRESS | |
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STAPLE CHECK HERE

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 1/25/05 407-628-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #