

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001565

Entity Name: ADVENT PROPETIES LLLP

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1447 MEDICAL PARK BLVD.  
405  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1447 MEDICAL PARK BLVD.  
405  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-1617543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KANKAM, CYGETHIA G  
1447 MEDICAL PARK BLVD.  
405  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KANKAM, CYGETHIA G  
Address: 1447 MEDICAL PARK BLVD., SUITE 405  
City-St-Zip: WELLINGTON, FL 33414

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: KANKAM, EDWARD K  
Address: 1447 MEDICAL PARK BLVD., SUITE405  
City-St-Zip: WELLINGTON, FL 33414

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CYGETHIAKANKAM

GP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date