

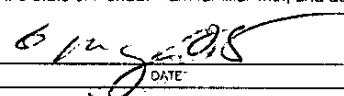


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


05 MAY 10 AM 9:50

<b>DOCUMENT # A25544</b> 1. Entity Name <b>AVALON DEVELOPMENT COMPANY OF DELAWARE, LTD.</b>					
Principal Place of Business <b>13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828</b>			Mailing Address <b>13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-2674292</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KAHLI, BEAT M</b> <b>13001 FOUNDERS SQUARE DRIVE</b> <b>ORLANDO, FL 32828</b>				Name <b>W&amp;P Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1936 Lee Road</b> <b>Suite 101</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>	
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 					
9. Capital Contributions as Shown on record. <b>\$10,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P10086			STREET ADDRESS	
NAME	AVALON DEVELOPMENT COMPANY OF DELAWARE INC			CITY-ST-ZIP	
STREET ADDRESS	1300 FOUNDERS SQUARE DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32828				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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06/09/05--01065--020 \*\*9.75

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:  **KAHLIA A. EWING**    3-14-05    Date    Daytime Phone #