

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****06 MAY -1 AM 8:51****SECRETARY OF STATE
TALLAHASSEE FLORIDA****DOCUMENT # A25544**1. Entity Name
**AVALON DEVELOPMENT COMPANY OF DELAWARE,
LTD.**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.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2674292Applied For
Not Applicable5. 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****W&P SERVICES, INC.
1936 LEE ROAD
SUITE 101
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

450 N. WYMORE ROADCity **WINTER PARK****FL**Zip Code
32789

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 title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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**DOCUMENT # **P05000090533**
NAME **AVALON DEVELOPMENT COMPANY OF DELAWARE INC**
STREET ADDRESS **13001 FOUNDERS SQUARE DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32828****13. ADDRESS CHANGES ONLY**

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**900075012749
05/22/06--01004--028 **500.00**