

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29129**

1. Entity Name

**AVALON ASSOCIATES OF DELAWARE LIMITED PARTNERSHI**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY - 1 AM 10: 33



Principal Place of Business

NATIONSBANK TOWER  
ONE FINANCIAL PLAZA, SUITE 2110  
FORT LAUDERDALE FL 33394

Mailing Address

NATIONSBANK TOWER  
ONE FINANCIAL PLAZA, SUITE 2110  
FORT LAUDERDALE FL 32828-7706

2. Principal Place of Business

13001 Founders Square Dr.  
Suite, Apt. #, etc.

3. Mailing Address

13001 Founders Square Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

65-0158759

Applied For  
Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JILL L. WUNDERLICH, P.A.  
NATIONSBANK TOWER  
ONE FINANCIAL PLAZA, SUITE 2110  
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name: **Kahli, Beat M.**  
Street Address (P.O. Box Number is Not Acceptable):  
**13001 Founders Square Drive**  
City: **Orlando** FL Zip Code: **32828**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Capital Contributions as Shown on record. **\$9,000,010.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 **407 FIRST AVENUE**  
CITY - ST - ZIP **WINDERMERE FL 34786**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **13001 Founders Square Drive**  
CITY - ST - ZIP **Orlando, FL 32828**

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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 REQUIRED** *Beat Kahli*

*4/10/00* *407-658-6565*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

C-21 (00) (1/11)