


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A29129

1. Entity Name
AVALON ASSOCIATES OF DELAWARE LIMITED PARTNERSHIP



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
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt #, etc

City & State

City & State

Zip Country

Zip Country

04292004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0158759

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KAHLI, BEAT M
 13001 FOUNDERS SQUARE DRIVE
 ORLANDO, FL 32828**

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

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

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 # | P97000097271 |
| NAME | BKI ASSOCIATES, INC. |
| STREET ADDRESS | 13001 FOUNDERS SQUARE DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

100000158652
 05/07/04-80030-013 935.00

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: _____ **DATE:** 4/20/04 **Daytime Phone #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER