

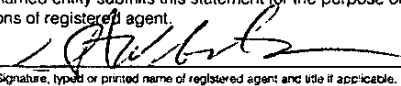
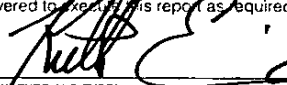


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 10 AM 9:52

<b>DOCUMENT # A29129</b>						
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		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
				02162005	Chg-LP	CR2E003 (10/03)
				4. FEI Number 65-0158759		Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KAHLI, BEAT M 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828				Name W&P Services, Inc. Street Address (P.O. Box Number Is Not Acceptable) 1936 Lee Road Suite 101 City 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 				DATE 6/14/05		
9. Capital Contributions as Shown on record. \$9,000,010.00				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 #	P97000097271			STREET ADDRESS		
NAME	BKI ASSOCIATES, INC.			CITY-ST-ZIP		
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE			100055982471 06/09/05--01065--017 **8.75		
CITY-ST-ZIP	ORLANDO, FL 32828					
DOCUMENT #				STREET ADDRESS		
NAME				CITY-ST-ZIP		
STREET ADDRESS				100055982471 06/09/05--01065--018 **526.75		
CITY-ST-ZIP						
DOCUMENT #				STREET ADDRESS		
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NAME				CITY-ST-ZIP		
STREET ADDRESS						
CITY-ST-ZIP						
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: 				KEITH A. EWING		3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date		Daytime Phone #

STAPLE CHECK HERE