


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 05, 2007 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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01112007 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 65-0158759	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **ENTERED**

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000097271 BKI ASSOCIATES, INC. 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828	STREET ADDRESS	
		CITY-ST-ZIP	
			U000000692163
			04/13/07-20040-013 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

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: _____ DATE **1-15-07** DAYTIME PHONE # **407-658-6565**