


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # A29129 1. Entity Name AVALON ASSOCIATES OF DELAWARE LIMITED PARTNERSHIP |  |
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|---|---|
| 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 # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



04162008 Chg-LP CR2E003 (12/06)

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|---|---------------------------------------|
| 4. FEI Number 65-0158759 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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. 450 N. WYMORE ROAD WINTER PARK, FL 32789 | |
| 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 _____
Signature, typed or printed name of registered agent and title if applicable

110000920035
05/20/08-80022-021 500.00

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 | |
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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: _____ **4/21/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE