


**2004 LIMITED PARTNERSHIP REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:47

**DOCUMENT # A93000001373**

1. Entity Name  
AVALON APARTMENTS, LTD.



Principal Place of Business  
11427 WATERFORD VILLAGE  
FORT MYERS, FL 33913

Mailing Address  
11427 WATERFORD VILLAGE  
FORT MYERS, FL 33913



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12092004 REIN-LP CR2E100 (6/04)

City & State

4. FEI Number  
65-0486133

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARION, STEVE  
11427 WATERFORD VILLAGE  
FORT MYERS, FL 33913

Name  
Raymond L. Schumann

Street Address (P.O. Box Number is Not Acceptable)  
27200 Riverview Center Blvd.

Suite 103

City  
Bonita Springs, FL Zip Code  
34134

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 *Raymond L. Schumann* December 16, 2004  
DATE

9. Capital Contributions as Shown on record. \$1,060.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # NAME STREET ADDRESS CITY - ST - ZIP	JONES, JESSE W 4660 OCEAN BLVD., APT 01 SARASOTA, FL 342421365
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 04-05
STREET ADDRESS CITY - ST - ZIP	800046111358 02/07/05--01040--003--**1282-90
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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)(f), 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: *Jesse W Jones* 1/03/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE