

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A96000002361	

AVILA LIMITED PARTNERSHIP



Mailing Address 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109	Principal Office Address 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109	3. Date Formed or Registered 12/18/1996	5a. Capital Contributions as Shown on record. \$1,500.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 02/13/1998	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Zip	City & State Zip	4. State or Country of Formation FL	6. FEI Number 65-0782732
Country	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent PRICE, R. SCOTT KELLY, PRICE, PASSIDOMO & SIKET 2640 GOLDEN GATE PARKWAY, SUITE 315 NAPLES FL 34105	10. If changed, new Registered Agent/Office Name CLASP Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Cummings & Lockwood Suite, Apt. #, etc. 3001 Tamiami Trail N., 4th Floor City Naples Zip Code FL 34103
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Aaron Farmer Aaron A. Farmer, VP DATE 9/17/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) BDG-AVILA AT GREY OAKS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5100 TAMIA MI TRAIL NO	11b. City, State & Zip Code NAPLES FL 34103	11c. Registration/ Document Number P97000067245
		900002647489--1 -09/23/98--01084--006 ***526.25 ***526.25	

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Arthur A. Shafran* Arthur A. Shafran, Pres DATE 9/11/98