2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000445

1. Entity Name

AVALON PROPERTIES, LTD.

FILED
02 MAR -6 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00082335 AT

Principal Place of Business	Mailing Address
1411 EDGEWATER DRIVE. SUITE 101 ORLANDO FL 32804	1411 EDGEWATER DRIVE. SUITE 101 ORLANDO FL 32804

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3436904 ☐ Applied For ☐ Not Applicable

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
HEWITT, ROBERT W 1411 EDGEWATER DRIVE, SUITE 101 ORLANDO FL 32804	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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,850,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	P97000016426 HAP, INC. 1411 EDGEWATER DRIVE, SUITE 101 ORLANDO FL 32804	STREET ADDRESS CITY-ST-ZIP	100005099771--6 -03/13/02--01060--019 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000016422 C&R LAND DEVELOPMENT, INC. 611 NORTH WYMORE ROAD WINTER PARK FL 32789	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

STAPLE CHECK HERE

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: [signature] 3/4/02 407-318-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #