

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000445

1. Entity Name
AVALON PROPERTIES, LTD.



Principal Place of Business
**1411 EDGEWATER DRIVE, SUITE 101
ORLANDO, FL 32804**

Mailing Address
**1411 EDGEWATER DRIVE, SUITE 101
ORLANDO, FL 32804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3436904

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. **\$1,850,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P97000016426**
NAME **HAP, INC.**
STREET ADDRESS **1411 EDGEWATER DRIVE, SUITE 101**
CITY-ST-ZIP **ORLANDO, FL 32804**

STREET ADDRESS

CITY-ST-ZIP

**U00000120782
04/20/04-80024-002 526.25**

DOCUMENT # **P97000016422**
NAME **C&R LAND DEVELOPMENT, INC.**
STREET ADDRESS **611 NORTH WYMORE ROAD**
CITY-ST-ZIP **WINTER PARK, FL 32789**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE