


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A98000000247</b>			
1. Entity Name <b>BLANDING BLVD. (JACKSONVILLE)-PIP, LTD.</b>			
Principal Place of Business <b>C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789</b>		Mailing Address <b>C/O AVANTI CAPITAL ASSOCIATES 923 N. PENNSYLVANIA WINTER PARK FL 32789</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SHAPIRO, MARVIN M C/O AVANTI CAPITAL ASSOCIATES 923 N PENNSYLVANIA AVE WINTER PARK FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$4,624,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>G02163900074</b>	STREET ADDRESS	
NAME	<b>AVANTI CAPITAL ASSOCIATES</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>923 N PENNSYLVANIA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	<b>800037676498</b>
NAME		CITY-ST-ZIP	<b>06/04/04-01068-020 **526.75</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: <i>Beila Sherman</i>		3/29/04 407-628-8488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED \$526<sup>25</sup> OL  
AK

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number **59-3490439** Applied For  
Not Applicable

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

STAPLE CHECK HERE