

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000000247

1. Entity Name
BLANDING BLVD. (JACKSONVILLE) PIP, LTD.



Principal Place of Business
C/O AVANTI CAPITAL ASSOCIATES
923 N. PENNSYLVANIA
WINTER PARK, FL 32789

Mailing Address
C/O AVANTI CAPITAL ASSOCIATES
923 N. PENNSYLVANIA
WINTER PARK, FL 32789



01152008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3490439	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHAPIRO, MARVIN M
C/O AVANTI CAPITAL ASSOCIATES
923 N PENNSYLVANIA AVE
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U000000910398
05/06/08-80104-009 500.00

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 #	G02163900074
NAME	AVANTI CAPITAL ASSOCIATES
STREET ADDRESS	923 N PENNSYLVANIA
CITY-ST-ZIP	WINTER PARK, FL 32789

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/7/08 8009669993

STAPLE CHECK HERE