

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000344

FILED

1. Entity Name
AVANTI STRATEGIC LAND INVESTORS IV (PASSIVE), L
P., REGISTERED LIMITED LIABILITY LIMITED PARTNER

02 JUL 19 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O AVANTI PROPERTIES GROUP, LLC
431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

Mailing Address
C/O AVANTI PROPERTIES GROUP, LLC
431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

oh DUE BY MAY 1, 2002 *437.50*

4. FEI Number
59-3711075

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

SCHWARTZ, CHARLES
C/O AVANTI PROPERTIES GROUP, LLC ~~LLLP~~
431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

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. \$10,000,000.00

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 # B02000000021
NAME AVANTI PROPERTIES GROUP, L.L.L.P., LTD.
STREET ADDRESS 431 EAST HARATIO AVENUE, SUITE 210
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # F93000005866
NAME AVANTI REAL ESTATE ADVISORS, INC.
STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR
CITY-ST-ZIP NEW YORK NY 10022

STREET ADDRESS
CITY-ST-ZIP
0000006904790--0
-08/06/02--01003--005
****476.25 ****476.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
0000006904790--0
-08/06/02--01003--006
*****50.00 *****50.00

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STREET ADDRESS
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 *Beila Sherman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/02 4076288488
Date Daytime Phone #

CR2E003 (9/01)