

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

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000344	
1. Entity Name AVANTI STRATEGIC LAND INVESTORS IV (PASSIVE), L.P., REGISTERED LIMITED LIABILITY LIMITED	

Principal Place of Business C/O AVANTI PROPERTIES GROUP, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	Mailing Address C/O AVANTI PROPERTIES GROUP, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 59-3711075	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS	
NAME	AVANTI PROPERTIES GROUP, L.L.L.P., LTD.	CITY-ST-ZIP	
STREET ADDRESS	923 N. PENNSYLVANIA AVE.		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #	F93000005866	STREET ADDRESS	
NAME	AVANTI REAL ESTATE ADVISORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	880 THIRD AVENUE, THIRD FLOOR		
CITY-ST-ZIP	NEW YORK NY 10022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: <i>X Beila Swann</i>	2/3/2004 407-628-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE