2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUÉ BY MAY 1, 2006

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Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # B01000000344 AVANTI STRATEGIC LAND INVESTORS IV (PASSIVE), L.P., REGISTERED LIMITED LIABILITY LIMITED Principal Place of Business Mailing Address C/O AVANTI PROPERTIES GROUP, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 C/O AVANTI PROPERTIES GROUP, L.L.L.P. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc. Sune, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 59-3711075 Not Applicab \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP, L.L.P. Street Address (P.O. Bax Number is Not Acceptable) 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 Zio Code FL 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, typed or printed name CASE After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. FILE NOW!!! Fee is \$500. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # B02000000021 STREET ADDRESS U00000500945 NAME AVANTI PROPERTIES GROUP, L.L.L.P., LTD. 04/25/06-80041-016 500.00 STREET ADDRESS 923 N. PENNSYLVANIA AVE. CITY-ST-ZIP CITY-SI-IP WINTER PARK FL 32789 COCUMENT # F93000005866 STREET ADDRESS AVANTI REAL ESTATE ADVISORS, INC. STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR CITY-ST-DP CITY-ST-ZIP NEW YORK NY 10022 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY-ST-ZIP CITY-ST-77P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 it 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.

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