

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 29, 2007 08:00 A
RECEIVED *State of Florida*

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3711075	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

1st MOORE CR2E003 (10/06)

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** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY - ST - ZIP	B02000000021 AVANTI PROPERTIES GROUP, L.L.L.P., LTD. 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F930000005866 AVANTI REAL ESTATE ADVISORS, INC. 880 THIRD AVENUE, THIRD FLOOR NEW YORK NY 10022	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000000683022 04/05/07-80027-002 500.00
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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: *Beila Sherman* **Beila Sherman** **3-26-07** **4076288488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE