B010000000344

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(enjournelle nj			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
			
Special Instructions to Filing Officer:			





800368907238

87.42.21-01042-011 **37.00



COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CCT: Avanti Strategic Land Investors	IV (Passive), L.P., Registered Limited Liability Limited Par
		rship or Limited Liability Limited Partnership
DOCU	MENT NUMBER: 80100000034-	1
	closed Statement of Change of Rere submitted for filing.	egistered Office and/or Registered Agent and
Please r	return all correspondence concern	ning this matter to:
Ralphael	ita Upshaw	_
	Contact Person	
Kilpatric	k Townsend	
	Firm/Company	
1100 Pea	achtree Street, NE. Suite 2800	
	Address	
Atlanta,	Georgia 30309	
	City, State and Zip Code	
akaboure	ek@avantiprop.com	
E-n	nail address: (to be used for future annu	al report notification)
For furt	her information concerning this	matter, please call:
Ralphael	ita Upshaw	at (404 815-6133 Area Code and Daytime Telephone Number
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclose	ed is a \$35.00 check made payabl	e to the Florida Department of State.
Mailing	Address:	Street Address:
_	ation Section	Registration Section
	n of Corporations	Division of Corporations
P.O. Bo		The Centre of Tallahassee
Tallahas	ssee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its register	red office or registered agent, or	both, in the state of Florida.
· ·		Registered Limited Liability Limited Partnership
	Name of Limited Partnership or Lim	nited Liability Limited Partnership
_{2.} 10/04/200)1	_{3.} B0100000344
Date of fili	ng/registration in Florida	Florida document number
4. The name of the Department of State		office address as shown on the records of the Florid
	Charles Schwartz	
	Nan	ne
	923 N. Pennsylva	nia Ave.
	Addr	ess
	Winter Park, FL 3	2789
	City, State	and Zip
5. The name and Fl	orida street address of the new regi	stered agent and/or office:
	Marvin Shapiro	
	Nan	
	923 N. Pennsylvar	nia Ave.
	Florida street address (P.	O. Box not acceptable)
	Winter Park	FL 32789
	City, State	
6. Such change(s) i.	s/are effective when filed by the Flo	orida Department of State.
See attachment	,	•
Signature of Genera	l Partner	
_		
comply with the pro		d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent.
Signature of Registe	ared Agent	
orginature or registe	irea ngelit	
Filing Fee:	\$35.00	

Certified Copy (optional): \$52.50

GENERAL PARTNER:

AVANTI PROPERTIES GROUP L.L.L.P., LTD., a Delaware limited liability limited partnership

By: Avanti Development Corporation, a Florida corporation, its General Partner

By:___

Name: Marvin M. Shapiro Title: Vice President

SECRETARY OF STATE