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

DOCUMENT # B02000000021

1. Entity Name

AVANTI PROPERTIES GROUP, L.L.L.P., LTD. Principal Place of Business Mailing Address 923 NORTH PENNSYLVANIA AVENUE WINTER PARK FL 32789 923 NORTH PENNSYLVANIA AVENUE WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State Applied For City & State 4. FEI Number 59-3433819 Not Applicat Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, CHARLES 923 NORTH PENNSYLVANIA AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 City Zîp 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. I am familiar with, and accept the obligations of registered agent. U00000500861 04/25/06,80037-025-500.00 SIGNATURE Signature, typed or printed am After May 1, 2006, fee will be \$900. ** Make check payable to Florida Department of State. FILE NOW!!! Fee is \$500 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME AVANTI DEVELOPMENT CORPORATION STREET ADDRESS 923 NORTH PENNSYLVANIA AVENUE CITY-ST- 2P City-St-ZiP WINTER PARK FL 32789 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT € STREET ADDRESS NAME STREET ABORESS CHY- \$7- 21P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-zip CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 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 partnersion or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Charles Shwartz APR 0 3 2006

FILED

Apr 10, 2006 08:00 AM Secretary of State