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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED DOCUMENT # B0200000021 RECUIVED 2007 08:00 A Secretary of State 1. Entity Namo AVANTI PROPERTIES GROUP, L.L.L.P., LTD. Principal Place of Business Mailing Address 923 NORTH PENNSYLVANIA AVENUE 923 NORTH PENNSYLVANIA AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & Slate City & State Applied For 4. FEI Number 59-3433819 Not Applicable Ζĺρ Country Zip 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 SCHWARTZ, CHARLES 923 NORTH PENNSYLVANIA AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 City Zip Codo 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 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# K37308 STREET ADDRESS NAME AVANTI DEVELOPMENT CORPORATION STREET ADDRESS 923 NORTH PENNSYLVANIA AVENUE CITY - ST - 7iP CITY-S1-ZIP WINTER PARK FL 32789 DOCUMENT # U00000683040 STREET ADDRESS 04/05/07<u>-80027-012 500.00</u> NAMI STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-7IP CITY- ST. ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-S1-7IP CHY-ST-ZIP DOCUMENT A STREET ADDRESS NAMI STREET ADDRESS CITY+SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutos. I further certify that the information dicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am a General Partner of the limited partnership the receiver or trustipe empowered to expect this report as required by Chapter 620, Florida Statutes

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