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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Avanti Properties Group, L.L.L.P., LTD),	
Name of Limited Partnership or	Limited Liability Limited Partnership	
DOCUMENT NUMBER: B02000000021		
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ed Office and/or Registered Agent and	
Please return all correspondence concerning th	is matter to:	
Ralphaelita Upshaw		
Contact Person		
Kilpatrick Townsend		
Firm/Company		
1100 Peachtree Street, NE, Suite 2800		
Address		
Atlanta, Georgia 30309		
City, State and Zip Code		
akabourek@avantiprop.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter,	please call:	
Ralphaefita Upshaw	(404) 815-6133	
Name of Contact Person	(404) 815-6133 Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	e Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

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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 t	both, in the state of Florida	•
	operties Group, L.L		
	Name of Limited Partnership or Limi	ted Liability Limited Parmers	ship
_{2.} 01/24/200)2	_{3.} B02000000	0021
Date of fili	ng/registration in Florida	Florida docur	
4. The name of the Department of State	registered agent and the registered o	ffice address as shown on the	records of the Florida
	Charles Schwartz		
	Namo	÷	
	923 N. Pennsylvar	iia Ave.	
	Addre	ss	
Winter Park, FL 32789		20; SE T.	
	City, State a	and Zip	ORE ORE
5. The name and Fl	orida street address of the new regist	tered agent and/or office:	
Marvin Shapiro		T JUL 12 AH 10: 53 RETARY OF STATE LLATASSEE, FL	
	Namo	<u> </u>	
	923 N. Pennsylvan	ia Ave.	
Florida street address (P.O. Box not acceptable)			53 FE
	Winter Park	_{FL} 32789	
	City, State a		
6. Such change(s) is	s/are effective when filed by the Flor	rida Department of State.	
See attachment			
Signature of Genera	l Partner		
comply with the pro	appointment as registered agent and visions of all statutes relative to the path an accept the obligations of my pared Agent	proper and complete performe	I further agree to ance of my duties,
5a.a.c tr. registe	rea rigent		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50

GENERAL PARTNER:

By: AVANTI DEVELOPMENT CORPORATION, a Florida corporation, its General Partner

By:

Name:

Marvin M. Shapiro

Title:

Vice President

il second