

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B03000000200		
1. Entity Name AVP FUND-I GP LIMITED PARTNERSHIP		

Principal Place of Business 255 ALHAMBRA CIR., STE. 1100 CORAL GABLES, FL 33134-7400	Mailing Address 255 ALHAMBRA CIR., STE. 1100 CORAL GABLES, FL 33134-7400
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2. Principal Place of Business No PO Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 MAY 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

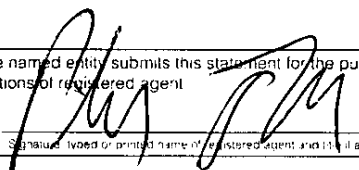


04192007 Chg-LP CR2E003 (12/06)

4. FEI Number 01-0776089	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Philip F. Blumberg Street Address (P O Box Number is Not Acceptable) 255 Alhambra Circle, Suite 1100 City Coral Gables FL Zip Code 33134
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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.

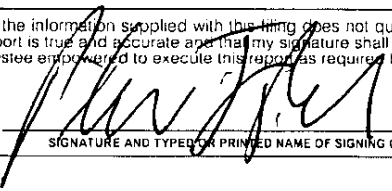
SIGNATURE  DATE 4/30/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	M03000001840	STREET ADDRESS	300103702414
NAME	AVP FUND-I GP LLC	CITY-STATE-ZIP	05/01/07--01010--024 **588.75
STREET ADDRESS	255 ALHAMBRA CIR., STE. 1100	STREET ADDRESS	400103702414
CITY-STATE-ZIP	CORAL GABLES, FL 331347400	CITY-STATE-ZIP	05/01/07--01014--024 **508.75
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-STATE-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  DATE 4/30/07 305-569-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE