2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B03000000200

1. Entity Name
AVP FUND-I GP LIMITED PARTNERSHIP

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

Principal Place of Business	Mailing Address
255 ALHAMBRA CIR., STE. 1100 CORAL GABLES, FL 33134-7400	255 ALHAMBRA CIR., STE. 1100 CORAL GABLES, FL 33134-7400

04192007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

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

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
Signature, typed or printed name of registered agent and title if applicable

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	~~400103702414~~ ~~05/01/07--01010--024 **580.75~~
NAME	AVP FUND-I GP LLC	CITY ST ZIP	400103702414 05/01/07--01014--024 **508.75
STREET ADDRESS	255 ALHAMBRA CIR., STE. 1100		
CITY ST ZIP	CORAL GABLES, FL 331347400		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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CITY ST ZIP			

STAPLE CHECK HERE

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: _____ 4/30/07 305-569-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #