


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 22 AM 10:40

DOCUMENT # B07000000061 1. Entity Name AVANTI REAL ESTATE HOLDINGS, LLLP	
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Principal Place of Business 92 MOUNTAIN FARM ROAD P.O. BOX 781 TUXEDO PARK, NY 10987	Mailing Address 92 MOUNTAIN FARM ROAD P.O. BOX 781 TUXEDO PARK, NY 10987
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072008 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip 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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	F07000001090	STREET ADDRESS	
NAME	AVANTI REAL ESTATE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	92 MOUNTAIN FARM ROAD		
CITY-ST-ZIP	TUXEDO PARK, NY 10987		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200125020948
04/22/08--01016--015 **500.00

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: <u><i>John Dawson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: <u>4/9/08</u>	Daytime Phone #: <u>845-357-5913</u>
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