

2001 UNIFORM BUSINESS REPORT (UBR)

0001300 AF

DOCUMENT # B93000000252

1. Entity Name

AVANTI STRATEGIC LAND INVESTORS, L.P. LIMITED PA

FILED

01 APR -3 AM 7:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

2. Principal Place of Business

431 E. Horatio

Suite, Apt. #, etc.

Suite 210

City & State

Maitland, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32751

Country

Zip

Country

4. FEI Number

59-3123744

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, CHARLES

C/O AVANTI PROPERTIES GROUP, J.V.

431 E. HORATIO AVE. STE. 210

MAITLAND FL 32751

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.

SIGNATURE

Charles Schwartz

Charles Schwartz

3/28/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # G91226900034
NAME AVANTI PROPERTIES GROUP, J.V.
STREET ADDRESS 431 E. HORATIO AVE., SUITE 210
CITY-ST-ZIP MAITLAND FL 32751

DOCUMENT # F93000005866
NAME AVANTI REAL ESTATE ADVISORS, INC.
STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR
CITY-ST-ZIP NEW YORK NY 10022

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Beila Sherman Beila Sherman

3/27/2001

407-6288488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)