

2002 UNIFORM BUSINESS REPORT (UBR)

000796 AT

DOCUMENT # B93000000252

1. Entity Name

AVANTI STRATEGIC LAND INVESTORS, L.P. LIMITED PARTNERSHIP

FILED

02 JUL 19 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

431 E. HORATIO, SUITE 210
MAITLAND FL 32751

Mailing Address

431 EAST HORATIO AVENUE, SUITE 210
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3123744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, CHARLES

Avanti Properties Group
431 E. HORATIO AVE. STE. 210
MAITLAND FL 32751

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 001226900034
NAME Avanti Properties Group, JV
STREET ADDRESS 431 E. HORATIO AVE., SUITE 210
CITY-ST-ZIP MAITLAND FL 32751
K/N/A

STREET ADDRESS
CITY-ST-ZIP
Avanti Capital Associates

DOCUMENT # F93000005868
NAME AVANTI REAL ESTATE ADVISORS, INC.
STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR
CITY-ST-ZIP NEW YORK NY 10022

STREET ADDRESS
CITY-ST-ZIP
100006904861--8

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
100006904861--8
08/06/02--01003--007
****351.25 ****351.25

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NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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100006904861--8
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****175.00 ****175.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Beila Sherman

4/11/02 4076288488

CR2E003 (9/01)