2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CHECK

SIGNATUI

Feb 02, 2005 08:00 AM DOCUMENT # B93000000252 **Secretary of State** \$526 on ALL AVANTI STRATEGIC LAND INVESTORS, L.P. LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address C/O AVANTI PROPERTIES GROUP C/O AVANTI PROPERTIES GROUP 923 NORTH PENNSYLVANIA AVE. 923 NORTH PENNSYLVANIA AVE. WINTER PARK FL 32751 WINTER PARK FL 32751 2, Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 59-3123744 Not Applicable Zip Country Ziο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP Street Address (P.O. Box Number is Not Acceptable) 923 NORTH PENNSYLVANIA AVE. WINTER PARK FL 32751 City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Suprature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9, Capital Contributions 10. Amount of Capital Contributions \$250,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. G02163900074 DOCUMENT # STHEFT ADDRESS NAME **AVANTI CAPITAL ASSOCIATES** <u>₩00000208767</u> STREET ADDRESS 823 N. PENNYSLVANIA AVE. CHY-51-2P 02/02/05-80005-023 526.25 CITY-ST-ZIP WINTER PARK FL 32789 EGRANANAERSS DOCUMENT # STREET ADORESS NAME AVANTI REAL ESTATE ADVISORS, INC. STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR CITY-S1-ZIP CRY-ST-7/P NEW YORK NY 10022 DOCUMENT# STREET ADDRESS NAME CIRELI ADDRESS City-SI-ZP CHTY-ST-ZIP DOCUMENT # STATEL ADDRESS NAME STREET ADDRESS LITY-S1-7P UNY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIE CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDITION CHY-SI-AP CHY-SI-/IP 14. I hereby certify that the information supplied with this filling 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

FILED

1/25/05 407-628-8488