2036 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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Apr 10, 2006 08:00 AM DOCUMENT # B93000000252 **Secretary of State** 1. Entity Name AVANTI STRATEGIC LAND INVESTORS, L.P. LIMITED PARTNERSHIP Principal Place of Business Mailing Address C/O AVANTI PROPERTIES GROUP 923 NORTH PENNSYLVANIA AVE. WINTER PARK FL 32751 C/O AVANTI PROPERTIES GROUP 923 NORTH PENNSYLVANIA AVE. WINTER PARK FL 32751 2. Principal Place of Business 3. Mailing Address Sune, Api, if, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 59-3123744 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Nama SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP Street Address (P.O. Box Number is Not Acceptable) 923 NORTH PENNSYLVANIA AVE. WINTER PARK FL 32751 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, typed or printegriame of DATE acont and ivia if applicable FILE NOW!!! Fee is \$500. After May 1, 2006, fee will be \$900, *** Make check payable to Florida Department of State 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 ADDRESS CHANGES ONLY 13. OCCUMENT # G02163900074 STREET ADDRESS U0000050093E MAMAE AVANTI CAPITAL ASSOCIATES 04/25/86-88841-812-588.88 STREET ACCORESS 923 N. PENNYSLVANIA AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 DOCUMENT # F93000005866 STREET ADDRESS NAME AVANTI REAL ESTATE ADVISORS, INC. STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR CITY-ST-7IP CITY-ST-78 NEW YORK NY 10022 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-201 DOCUMENT # STREET ADDRESS MAKE STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby cartily that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further cartily 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.

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Charles Schwartz