2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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RECEIVED FALE D2007 Mar 29, 2007 08:00 A DOCUMENT # B93000000252 1. Entity Name **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State Applied For City & State 4. FEI Number 59-3123744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. Signature, typod or armle ame of registered agent and title if applicable FILE NOW!!! Fee is/\$500. ** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. A GENTERAL 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 DOCUMENT # G02163900074 STREET ADDRESS NAMI **AVANTI CAPITAL ASSOCIATES** STREET ADDRESS 923 N. PENNYSLVANIA AVE. CITY-ST-ZIP CITY-ST-/IP WINTER PARK FL 32789 DOCUMENT # F93000005866 STREET ADDRESS NAME AVANTI REAL ESTATE ADVISORS, INC. U00000003024 STREET ADDRESS 880 THIRD AVENUE, THIRD FLOOR City-St-70 04/05/07-80027-003 500.00 CHY-SI-ZIP NEW YORK NY 10022 DOCUMENT # STREET ADDRESS NAMI STREET ADDRESS CITY-S1-7IP CITY-S1-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CHY-SJ-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CHY-ST-7/P DOCUMENT / STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 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 offect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this report as required by Shapter 620, Florida Statutes

PRINTED NAME OF SIGNING GENERAL PARTNER