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

DOCUMENT # B93000000430

1. Entity Name

AVANTI STRATEGIC LAND PARTNERS, L.P., LIMITED PARTNERSHIP

FILED
RECEIVED 2007 MAR 29 A 9:00
Secretary of State

| Principal Place of Business | Mailing Address |
|---|---|
| AVANTI PROPERTIES GROUP<br>923 N. PENNSYLVANIA AVE<br>WINTER PARK FL 32789 | AVANTI PROPERTIES GROUP<br>923 N. PENNSYLVANIA AVE<br>WINTER PARK FL 32789 |

1st MOORE CR2E003 (10/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3184632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHWARTZ, CHARLES
AVANTI PROPERTIES GROUP
923 N. PENNSYLVANIA AVE
WINTER PARK FL 32789

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name 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 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | G02163900074<br>AVANTI CAPITAL ASSOCIATES<br>923 N. PENNSYLVANIA<br>WINTER PARK FL 32789 | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | U00000683029<br>04/05/07-80027-007 500.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |

STAPLE CHECK HERE

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 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 3-26-07 4076268488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #