

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B99000000231

1. Entity Name  
AVANTI STRATEGIC LAND PARTNERS, II, L.P.

FILED  
02 JUN 10 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
431 EAST HORATIO AVENUE, SUITE 210  
MAITLAND FL 32751

Mailing Address  
431 EAST HORATIO AVENUE, SUITE 210  
MAITLAND FL 32751



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

\$70 DUE BY MAY 1, 2002

4. FEI Number 59-3345939

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCHWARTZ, CHARLES  
c/o Avanti Properties Group, JV  
431 EAST HORATIO AVENUE, SUITE 210  
MAITLAND FL 32751

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00

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

DOCUMENT #	091228900034
NAME	Avanti Properties Group, JV
STREET ADDRESS	431 EAST HORATIO AVENUE, SUITE 210
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	
NAME	Avanti Capital
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	Associate
STREET ADDRESS	
CITY-ST-ZIP	G02163900074
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	BK
STREET ADDRESS	
CITY-ST-ZIP	200006163242--6 -07/02/02--01058--024
STREET ADDRESS	*****88.75 *****88.75
CITY-ST-ZIP	200006163242--6 -07/02/02--01058--025
STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Beila Sherman Beila Sherman 4/11/02 4076288488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)