2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # B99000000231

1. Entity Name

AVANTI STRATEGIC LAND PARTNERS, II, L.P.



Principal Place of Business

923 N. PENNSYLVANIA AVENUE AVANTI PROPERTIES GROUP WINTER PARK, FL 32789 Mailing Address

923 N. PENNSYLVANIA AVENUE AVANTI PROPERTIES GROUP WINTER PARK, FL 32789

FILED Apr 21, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01152008 No Chg-LP

CR2E003 (12/06)

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 923 N. PENNSYLVANIA AVENUE AVANTI PROPERTIES GROUP WINTER PARK, FL 32789

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE IN THIS SPACE

WINTER PARK, FL 32789		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its rions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
•		96666691645A
Signature, typed or printed name of registered agent and title if applicable		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900	
	A GENERAL PARTNER THAT IS A BUSINESS ENT	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	G02163900074	
NAME	AVANTI CAPITAL ASSOCIATES	
STREET ADDRESS	923 N. PENNSYLVANIA AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
DOCUMENT #		
NAME		•
STREET ADDRESS		
CITY-ST-ZIP		i .
DOCUMENT #		1
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-SI-ZIP		
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		1
DOCUMENT /		1
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT /		1
NAME.		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER