

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B99000000233**

1. Entity Name  
**AVANTI STRATEGIC LAND INVESTORS II (ACTIVE), L.P.**



Principal Place of Business  
**C/O AVANTI PROPERTIES GROUP  
923 N. PENNSYLVANIA AVENUE  
WINTER PARK, FL 32789**

Mailing Address  
**C/O AVANTI PROPERTIES GROUP  
923 N. PENNSYLVANIA AVENUE  
WINTER PARK, FL 32789**



01152008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3305003**

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  
923 N. PENNSYLVANIA AVENUE  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

000000910459  
05/07/08-80001-008 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # **G02163900074**  
NAME **AVANTI CAPITAL ASSOCIATES**  
STREET ADDRESS **923 NORTH PENNSYLVANIA AVENUE**  
CITY-ST- ZIP **WINTER PARK, FL 32789**

DOCUMENT # **F93000005866**  
NAME **AVANTI REAL ESTATE ADVISORS, INC.**  
STREET ADDRESS **880 THIRD AVENUE, 3RD FLOOR**  
CITY-ST- ZIP **NEW YORK, NY 10022**

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CITY-ST- ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

4/7/08 800.966.9993