
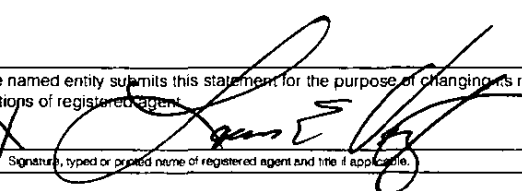
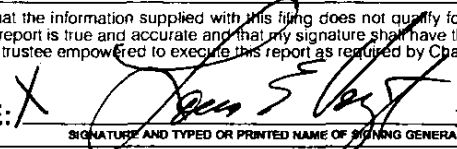


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAR 28 AM 8:38

DOCUMENT # A9600002172			
1. Entity Name POINTE VISTA II, LTD.			
Principal Place of Business 707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825		Mailing Address 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825	
2. Principal Place of Business - No P.O. Box # 495 N. Keller Rd.		3. Mailing Address 495 N. Keller Rd.	
Suite, Apt. #, etc. Ste. 301		Suite, Apt. #, etc. Ste. 301	
City & State Maitland, FL		City & State Maitland, FL	
Zip 32751	Country USA	Zip 32751	Country USA
6. Name and Address of Current Registered Agent VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825		4. FEI Number 59-3414230	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		02292008 Chg-LP CR2E003 (12/06)	
Name Louis E. Vogt			
Street Address (P.O. Box Number is Not Acceptable) 495 N. Keller Rd., Ste. 301			
City Maitland		FL Zip Code 32751	
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 		Louis E. Vogt	
		DATE 3/14/08	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L06000069655 BRM POINTE VISTA II, LLC. 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825	STREET ADDRESS CITY-ST-ZIP	495 N. Keller Rd., Ste. 301 Maitland, FL 32751
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	2008120971378 03/24/08--01002--010 **500.00
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DOCUMENT # NAME 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 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: 		Louis E. Vogt	
		DATE 3/14/08	
		407-478-1290 Daytime Phone #	

STAPLE CHECK HERE