

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002685

Entity Name: MAGNOLIA POINTE, LTD.

FILED  
Mar 18, 2009  
Secretary of State

**Current Principal Place of Business:**

501 N MAGNOLIA AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

501 N MAGNOLIA AVE.  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-3486013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOGT, LOUIS E.  
501 N MAGNOLIA AVE.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: N95000001963  
Name: SOUTHWEST UNITED COMMUNITIES, INC.  
Address: 4271 SCHANK CT  
City-St-Zip: ORLANDO, FL 32811  
Document #: L06000069627  
Name: BRM MAGNOLIA POINTE, LLC  
Address: 495 N KELLER RD STE 301  
City-St-Zip: MAITLAND, FL 32751

**ADDRESS CHANGES ONLY:**

Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_  
  
Address: 501 NORTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/18/2009

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date