

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR -5 PM 5:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # A98000002486**  
 1. Entity Name  
**WATERFORD POINTE APARTMENTS, LTD.**

Principal Place of Business Mailing Address  
**800 NORTH HIGHLAND AVE., SUITE 200** **P.O. BOX 4961**  
**ORLANDO, FL 32803** **ORLANDO, FL 32802-4961**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02232004 Chg-LP CR2E003 (10/03)  
 4. FEI Number **59-3541007** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



*Signature*

6. Name and Address of Current Registered Agent  
**B&C CORPORATE SERVICES OF CENTRAL FL, INC.**  
**390 NORTH ORANGE AVE., SUITE 1100**  
**ORLANDO, FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$6,247,050.00** 10. Amount of Capital Contributions in FLORIDA to date.

**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	<b>P98000092850</b> <b>WATERFORD POINTE APARTMENTS, INC.</b> <b>800 NORTH HIGHLAND AVE., SUITE 200</b> <b>ORLANDO, FL 32803</b>	STREET ADDRESS CITY-ST-ZIP	<b>900032100869</b> <del>04/07/04 01049 010 **526.25</del>
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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:** *Signature* **3/24/04** **407-297-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**Steven G. Kropp President**