


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002486</b>					
1. Entity Name WATERFORD POINTE APARTMENTS, LTD.					
Principal Place of Business 800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803			Mailing Address P.O. BOX 4961 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	4. FEI Number <b>59-3541007</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$6,247,050.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		



01072005 Chg-LP CR2E003 (10/03)

**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 #	P98000092850	STREET ADDRESS	
NAME	WATERFORD POINTE APARTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	800 NORTH HIGHLAND AVE., SUITE 200		
CITY - ST - ZIP	ORLANDO, FL 32803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	U00000339821
NAME		CITY - ST - ZIP	04/28/05-80092-005 526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

*Waterford Pointe Apartments, Inc., its general partner*

**SIGNATURE:** Steven G. Kropp **4/20/05** **407-292-7717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*Steven G. Kropp, President*