


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

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

07 MAY 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803	Mailing Address 707 MENDHAM BLVD., STE. 201 ORLANDO, FL 32825
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04062007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3541007	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAGER, JILL 1665 PALM BEACH LAKES BLVD., STE. 400 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent Name <u>LOUIS E. VOGT</u> Street Address (P.O. Box Number is Not Acceptable) <u>707 MENDHAM BLVD, STE 201</u> City <u>ORLANDO</u> FL Zip Code <u>32825</u>

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 04/09/07
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	L06000069826 BRM WATERFORD POINTE, LLC 707 MENDHAM BLVD., STE. 201 ORLANDO, FL 32825	STREET ADDRESS CITY-ST-ZIP	500103608865 05/31/07--01027--020 **500.00
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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.

By: *Louis E. Vogt, Mgr.* DATE 04/09/07 407-377-0600
By: BRM WATERFORD POINTE, LLC LOUIS E. VOGT, MGR DATE