*

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Due by may 1, 2007							, FILED			
DOCUI 1. Entity Nam AVALON	e	# A0200000 /E, LTD.)541					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 S ORLANDO, FL 32825										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04062007	Chg-LP	CR2E003	(12/06)	
City & State			City & State			4. FEI Number 03-0424	502		Applied For Not Applicable	
Zip	Country		Zip	p Country		5. Certificate o	f Status Desired		.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
LAGER, JILL						ATTE LOUIS E. VOLT				
1665 PÅLM BEACH LAKES BLVD STE 400 WEST PALM BEACH, FL 33401						P.O. Box Number	·			
					709 MENDHAM BLVO. STE 201				TE 201	
					City OU	ANDO		FĹ	Z120000	
 The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. 						ed agent, or both	, in the State of Fl	orida. I am fam	iliar with, and accept	
SIGNATURE Signature, piped or printed name of registered agent and tale I applicable.							04	/ 09/ DATE	0)	
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 filled to change a general partner.										
12.	NOTE	GENERAL PARTNE		; an amendmen	t must be filed		jeneral partne IANGES ONLY	er. 		
DOCUMENT#					ET ADORESS					
NAME STREET ADDRESS	BRM AVALON RESERVE, LLC DORESS 707 MENDHAM BLVD STE 707				- ST-ZIP	05/31/0701027021 **500.00				
CITY-ST-ZIP	ORLAND	D, FL 32825			- 51 - ZIF					
NAME				STRE	ET ADORESS					
STREET ADDRESS CITY-ST-ZIP	i			CITY-ST-ZIP						
DOCUMENT / NAME	- I				ET ADDRESS					
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STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP				<i>⊘</i> &	
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 expowered to execute this report as equired by Chapter 620, Florida Statutes										
	N	un El	EVE WC/LOUIS E	<u>, </u>		04/091	07	401-3	27-0600	
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