## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

DOCUMENT # A0200000541  1. Entity Name AVALON RESERVE, LTD.			(8)				ETARY OF STATE HASSEE, FLORIDA  AR 28 AM 8: 38		
Principal Place of Business 707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825		Mailing Address 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825		1488(91149)) 60	118 11 <b>9</b> 11 48111 FEIT 48111		(SIE) El (SVI		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 495 N. Keller Rd. 495 N. Keller			Rđ.						
Suite, Apt. #, etc. Ste. 301		Suite, Apt. #, etc. Ste. 301			03032008	Chg-LP	CR2E003 (12/06	)	
City & State Maitland, FL		City & State  Maitland, FL		4. FEI Number 03-0424	502	<del>                                     </del>	Applied For		
Zip Country 32751 USA		Zip 32751	Country		5. Certificate of		□ \$8.75 Ad	ditional	
32731	6. Name and Address of Current F	<u> </u>		USA	7. Name and A	ddress of New Re	Fee Requir	<u>eu</u>	
VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825				Name Louis E. Vogt Street Address (P.O. Box Number is Not Acceptable)  495 N. Keller Rd., Ste. 301					
				City Maid					
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 Signature, types or printed rayse of registered agent and size if applicable.									
FILE NOW!!! FEE IS \$500.00									
After May 1, 2008, 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 #	L06000069575		1	ADDRESS 405				<del></del>	
NAME STREET ADDRESS	BRM AVALON RESERVE, LLC 707 MENDHAM BLVD STE 707			495	N. Keller Rd., Ste. 301				
CITY-ST-ZIP  DOCUMENT #	ORLANDO, FL 32825		******	<del></del>	.CLC. II. J.	2 / 31	-		
NAME STREET ADDRESS			SIREE	ADDRESS	<u> </u>				
CITY-ST-ZIP			CITY-S1	T- ZIP	70012097153 **			na	
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DOCUMENT /			STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-SI	T - ZIP					
DOCUMENT #			STREET	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP			CITY-S1	T- ZIP					
14. I hereby certify that the information supplied with this filing does not possibly 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 regained by Chapter 620, Florida Statutes									

Louis E. Vogt

FILEO

3/14/08 407-478-1290
Dayume Phone #