

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A02000000541	
1. Entity Name AVALON RESERVE, LTD.	

Principal Place of Business 707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825	Mailing Address 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825
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2. Principal Place of Business - No P.O. Box # 495 N. Keller Rd.	3. Mailing Address 495 N. Keller Rd.
Suite, Apt. #, etc. Ste. 301	Suite, Apt. #, etc. Ste. 301
City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country USA

03032008 Chg-LP CR2E003 (12/06)

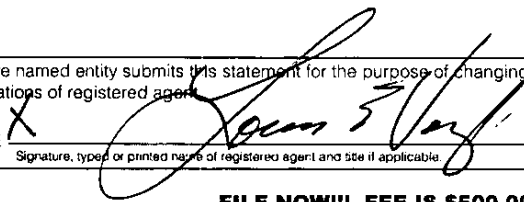
4. FEI Number 03-0424502	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825
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7. Name and Address of New Registered Agent Name Louis E. Vogt Street Address (P.O. Box Number is Not Acceptable) 495 N. Keller Rd., Ste. 301 City Maitland FL Zip Code 32751
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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 3/14/08
Signature, typed or printed name of registered agent and title if applicable. DATE

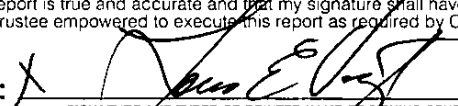
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	L06000069575 BRM AVALON RESERVE, LLC 707 MENDHAM BLVD STE 707 ORLANDO, FL 32825	STREET ADDRESS CITY-ST-ZIP	495 N. Keller Rd., Ste. 301 Maitland, FL 32751
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 03/24/08 01002 014 ***500.00

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

SIGNATURE:  Louis E. Vogt 3/14/08 407-478-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #