

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E003 (10/06)

<b>DOCUMENT # A03000001847</b> 1. Entity Name <b>BRIGHTWOOD ADVISORS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2775 SADDLEWOOD LANE PALM HARBOR FL 34685</b>			Mailing Address <b>2775 SADDLEWOOD LANE PALM HARBOR FL 34685</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>22-3262841</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEFURAK, FRANCIS 2775 SADDLEWOOD LANE PALM HARBOR FL 34685</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P03000136599		STREET ADDRESS		
NAME	WATER'S EDGE MANAGEMENT CO., INC.		CITY ST ZIP		
STREET ADDRESS	2775 SADDLEWOOD LANE		UD00000618656 02/07/07 00037 000 500.00		
CITY ST ZIP	PALM HARBOR FL 34685		STREET ADDRESS		
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CITY ST ZIP			CITY ST ZIP		
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: <i>Francis Stefurak</i>			FRANCIS STEFURAK 1/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE