

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

|                                                                                                    |                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> A03000001847<br><b>1. Entity Name</b><br>BRIGHTWOOD ADVISORS LIMITED PARTNERSHIP |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>2775 SADDLEWOOD LANE<br>PALM HARBOR FL 34685 | <b>Mailing Address</b><br>2775 SADDLEWOOD LANE<br>PALM HARBOR FL 34685 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |

1st MOORE CR2E003 (10/07)

|                                                                                                        |                                                               |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>22-3262841                                                                     | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                               |

|                                                                                                                                 |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>STEFURAK, FRANCIS<br>2775 SADDLEWOOD LANE<br>PALM HARBOR FL 34685 | <b>7. Name and Address of New Registered Agent</b><br><b>Name</b><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><b>City</b> <b>FL</b> <b>Zip Code</b> |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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** \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 |  |
|-----------------------------------------------|--------------------------------------------------|--------------------------|--|
| <b>DOCUMENT #</b><br>P03000136599             | <b>NAME</b><br>WATER'S EDGE MANAGEMENT CO., INC. | <b>STREET ADDRESS</b>    |  |
| <b>STREET ADDRESS</b><br>2775 SADDLEWOOD LANE |                                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>CITY-ST-ZIP</b><br>PALM HARBOR FL 34685    |                                                  |                          |  |
| <b>DOCUMENT #</b>                             |                                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                                   |                                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>                         |                                                  |                          |  |
| <b>CITY-ST-ZIP</b>                            |                                                  |                          |  |
| <b>DOCUMENT #</b>                             |                                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                                   |                                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>                         |                                                  |                          |  |
| <b>CITY-ST-ZIP</b>                            |                                                  |                          |  |
| <b>DOCUMENT #</b>                             |                                                  | <b>STREET ADDRESS</b>    |  |
| <b>NAME</b>                                   |                                                  | <b>CITY-ST-ZIP</b>       |  |
| <b>STREET ADDRESS</b>                         |                                                  |                          |  |
| <b>CITY-ST-ZIP</b>                            |                                                  |                          |  |

**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:** *Water's Edge Management Co. Inc.* **FRANCIS D. STEFURAK** **2/25/08**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE