

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A23725**

1. Entity Name  
**BAY POINTE APARTMENTS, LTD.**



Principal Place of Business  
**1053 HORIZON STREET  
WINTER GARDEN, FL 34787**

Mailing Address  
**P.O. BOX 492228  
LEESBURG, FL 34749**



02132007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2782867**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MAGALSKI, BARBARA  
613 S. 12TH STREET  
LEESBURG, FL 34748**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

DATE

**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 filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **J35879**  
NAME **WINTER GARDEN HOUSING**  
STREET ADDRESS **613 S. 12TH STREET**  
CITY-ST-ZIP **LEESBURG, FL 34748**

DOCUMENT # **P09003**  
NAME **RURAL HOUSING SERVICES**  
STREET ADDRESS **1025 VERMONT AVE NW #606**  
CITY-ST-ZIP **WASHINGTON, DC**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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U00000730930  
05/08/07-80098-021 508.75

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE