

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A95000000574

1. Entity Name
POINTE VISTA, LTD.



Principal Place of Business
**800 NORTH HIGHLAND AVE., SUITE 200
 ORLANDO, FL 32803**

Mailing Address
**707 MENDHAM BLVD., STE. 201
 ORLANDO, FL 32825**

FILED

07 MAY 18 PM 4:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3307552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGER, JILL
 1665 PALM BEACH LAKES BLVD., STE 400
 WEST PALM BEACH, FL 33401**

Name **LOUIS E. VOYT**

Street Address (P.O. Box Number is Not Acceptable)

707 MENDHAM BLVD., STE 201

City **ORLANDO**

FL

Zip Code **32825**

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

04/09/07

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L06000069617**
 NAME **BRM POINTE VISTA, LLC**
 STREET ADDRESS **707 MENDHAM BLVD., STE. 201**
 CITY-ST-ZIP **ORLANDO, FL 32825**

STREET ADDRESS **000103627960**
 CITY-ST-ZIP **05/31/07 01048 012 **500.00**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 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.

BY: BRM POINTE VISTA, LLC / LOUIS E. VOYT, MGR

04/09/07

401-3M-0600

DATE