2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A98000002486** 07 MAY 18 AM 9: 42 WATERFORD POINTE APARTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 707 MENDHAM BLVD., STE. 201 800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E003 (12/06) Chg-LP Applied For City & State 4. FEI Number City & State 59-3541007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QU15 E. YOUT LAGER, JILL Street Address (P.O. Box Number is Not Acceptable) 1665 PALM BEACH LAKES BLVD., STE. 400 WEST PALM BEACH, FL 33401 909 MEWDNAM BLUD. ORIAWDO 8. The above named entity submitted its statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agen SIGNATURE Signature, typed or printed ria tered apent and title it applicable 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13 L06000069826 DOCUMENT # STREET ADDRESS 500103608865 **BRM WATERFORD POINTE, LLC** NAME 05/31/07--01027--020 **500.00 STREET ADDRESS 707 MENDHAM BLVD., STE. 201 CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32825 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 according 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 empowers to execute this captures by Chapter 620, Florida Statutes ouis E. Voct, lubr