## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## SECRETARY OF STATE **DOCUMENT # A98000002486** TALLAHASSEE, FLORIDA WATERFORD POINTE APARTMENTS, LTD. 08 MAR 28 AM 8: 38 Mailing Address Principal Place of Business 707 MENDHAM BLVD., STE. 201 707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 495 N. Keller Rd. Suite, Apt. #, etc. Ste. 301 495 N. Keller Rd. Suite, Apt. #, etc. Ste. 301 Chg-LP 02292008 CR2E003 (12/06) Applied For City & State City & State 4. FEI Number Maitland, FL Maitland, FL 59-3541007 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32751 32751 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Louis E. Voqt Street Address (P.O. Box Number is Not Acceptable) 1665 PALM BEACH LAKES BLVD., STE. 400 WEST PALM BEACH, FL 33401 495 N. Keller Rd., Ste. 301 Zip Code 32751 Maitland 8. The above named entity submits this statement for the purpose of phanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Louis E. Voqt FILE NOW!!! FEE 18 \$500.00 After May 1, 2008, 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. L06000069626 DOCUMENT # STREET ADDRESS 495 N. Keller Rd., Ste. 301 NAME BRM WATERFORD POINTE, LLC STREET ADDRESS 707 MENDHAM BLVD., STE. 201 CITY-ST-ZIP Maitland, EL 32751 CITY-ST-7/P ORLANDO, FL 32825 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>800120971458</del> DOCUMENT # 03/24/08--01002--012 \*\*500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 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 Louis E. Voqt 407-478-1290 SIGNATURE:

FILED