## 2008 LIMITED PARTNERSHIP ANNUAL REPORT DOCUMENT # A9900001532

	Due By M		FILE	0					
DOC	DOCUMENT # A9900001532					EGRETARY I LLAHASSER	OF STAT F.FLORI	E DA	
	Entity Name     WEST POINTE VILLAS, LTD.				)	- 2m 8 4 8 4 2 3 70 00 00 00 0			
	·				' 0	8 MAR 28	AM 8: 3	8	
Principal Pla	ace of Business	Mailing Address	l						
	707 MENDHAM BLVD, SUITE 201 707 MENDHAM BOULEV ORLANDO, FL 32825 ORLANDO, FL 32825			U <b>it</b> e 201					
, 0	TE GEORG	ONDWIDO, IL SECES			1 1987811 1978	IONE IEM PEM CEM OF	III 88111 89181 ITA	DI MITTO INI D STOLOTO NI 1889.	
,	2. Principal Place of Business - No P.O. Box # 3. Mailing Address 495 N. Keller Rd. 495 N. Keller								
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.				02292008	Chg-LP	CR2E00	03 (12/06)	
	Ste. 301         Ste. 301           City & State         City & State				4. FEI Numbe			Applied For	
	Maitland, FL Maitland,				59-3601	1519		Not Applicable	
3275	Zip Country Zip 32751 USA		Count	USA	5. Certificate	of Status Desired		8.75 Additional ee Required	
·	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825				Name  Louis E. Voqt  Street Address (P.O. Box Number is Not Acceptable)				
					5 N. Keller	Rd., Ste.	301		
					itland		FL	Zin Code 32751	
	ve named entity submits this statement ations of registered agent.	r the purpose of changing its	repistere			h, in the State of Fl	orida. I am fa		
	X	~9/ J		Louis E.	Voot		3/14/	108	
SIGNATURI	Signature, typed of printed name of registered agent	and title if applicable.		LOUIST.	vogt		DATE		
		V!!! FEE IS \$500.00 1008, Fee will be \$900	0.00						
	A GENERAL PARTNER 1 NOTE: General Partners MA	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	STERED AND A	CTIVE WITH TH	IIS OFFICE	, Dor	
12.	12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME	DOCUMENT # L06000069587  NAME BRM WEST POINTE, LLC			STREET ADDRESS 495 N. Keller Rd., Ste. 301					
STREET ADORES CITY-ST-ZIP	1	SUITE 201							
DOCUMENT #			STREE	T ADDRESS					
NAME STREET ADDRES	s				-,				
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STREET ADDRESS CITY-ST-ZIP		<b>A</b>		ST-ZIP	**************************************				
14. I hereby indicate or the re	certify that the information supplied wid on this report is true and accurate and acciver or trustee empowered to execute	h this filing does not qualify for that my signature shall have this report as required by the	or the exe the same apter 620	emptions contain legal effect as if I, Florida Statutes	ed in Chapter 119 made under oath;	Florida Statutes, that I am a Gener	further certi al Partner of	fy that the information the limited partnership	
SIGNA	TURE:	PRINTED NAME OF STRING GENERAL		is E. Vo	pt 3	3/14/08		7-478-1290	
SIGNA	SIGNATURE AND TYPED OR	PRINTED NAME OF SHINING GENERA			<u> </u>	Date Date		/-4/8-1490 rtima Phone #	