2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT #A9900001533  1. Entity Name OSPREY RIDGE APARTMENTS, LTD.					FILED  07 MAY 18 PM 4: 12  SECRETARY OF STATE			
Principal Place of Business Mailing Address  800 NORTH HIGHLAND AVENUE, SUITE 200 707 MENDHAM BOULEVA ORLANDO, FL 32803 ORLANDO, FL 32825				TTE 201	SEC TALL	RETARY AHASSEI	UF STATE E, FLORIDA	4
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			04062007 Chg	<sub>3</sub> -LP	CR2E003 (12	(06)
City & State		City & State		4. FEI Number 59-3601107			Applied For	
Zip	Country	Zip Country		у	5. Certificate of Status Desired See Required			
6. Name and Address of Current Registered Agent  LAGER, JILL 1665 PALM BEACH LAKES BLVD. SUITE 400 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent  Name LOUIS E. VOUT  Street Address (P.O. Box Number is Not Acceptable)  700 MENONAM BLVO, STE 201  City OULOWIOL				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  SIGNATURE  Signature, typied or printed name of registered agent and title it additionals.					ANOU ed agent, or both, in the	State of Florid	FL 3 a. I am familiar DATE	with, and accept
		Will FEE IS \$500.00 2007, Fee will be \$90		ICT DE DECICI	TOED AND ACTIO	MATH THE	OFFICE	
	NOTE: General Partners Ma	AY NOT be changed on t			t must be filed to cl	hange a gen	eral partner.	
12.	GENERAL PARTNE L06000069657	RINFORMATION	13.	<del></del>	AD	DRESS CHAN	GES ONLY	
NAME Street Address City-St-Zip	BRM OSPREY RIDGE, LLC FET ADDRESS 707 MENDHAM BOULEVARD, SUITE 201			T ADDRESS ST-ZIP		<del>9193</del> )70103		**500.00
DOCUMENT #			STREE	T ADDRESS		<u></u> -		<del></del>
STREET ADDRESS CITY-ST-ZIP			CITY-5	ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		·		
NAME STREET ADDRESS				T ADDRESS ST-ZIP	0			
14. I hereby indicated or the red	certify that the information supplied wo on this report is true and accurate an elver or trustee empowered to accura	in this filing does not qualify that my signature shall have this report as required by C			d in Chapter 119, Florid hade under oath; that I	da Statutes. I tu am a General I	irther certify tha Partner of the lim	the information ited partnership
Jour & lost, Mg. 04/09/02 407-321-0600								
BI: B	em befley RIDG	, uc/ Hours E	VOLT.	,mbl	PATE	<del>S</del>		