

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 17 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A17954

1. Entity Name
GREEN GATE APARTMENTS, LTD.



Principal Place of Business
**TWO N. RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606**

Mailing Address
**TWO N. RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606**

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

25 Philips Parkway

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Montvale NJ

City & State

Zip

07645

USA

Country

04222007

Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0319573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**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 # **M06000005022**
NAME **EMPIRIAN LEXFORD GP 7 LLC**
STREET ADDRESS **25 PHILIPS PARKWAY**
CITY-ST-ZIP **MONTVALE, NJ 07645**

STREET ADDRESS

CITY-ST-ZIP

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**300103006079
05/22/07--01016--003 **45500.00**

MST

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/07

Date

Daytime Phone #

STAPLE CHECK HERE