


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:54

DOCUMENT # A05000001979

1. Entity Name  
 GATE PARKWAY APARTMENTS, LTD.



Principal Place of Business  
 359 CAROLINA AVENUE  
 WINTER PARK, FL 32789 US

Mailing Address  
 359 CAROLINA AVENUE  
 WINTER PARK, FL 32789 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent  
 DOWNING, GRANT T  
 222 WEST COMSTOCK AVENUE  
 SUITE 101  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

4. FEI Number  
~~APPLIED FOR~~ 20-3711624 Applied For Not Applicable

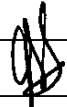
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000145550	STREET ADDRESS	
NAME	EPI-GATE PARKWAY EQUITY, INC.	CITY-ST-ZIP	
STREET ADDRESS	359 CAROLINA AVENUE		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME	PRUDENTIAL INSURANCE CO	CITY-ST-ZIP	
STREET ADDRESS	SCAMPUS DRIVE, 4TH FLOOR		800088817188 02/20/07--01031--020 **500.00
CITY-ST-ZIP	PARSIPPANY, NJ 07054		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: \_\_\_\_\_ DATE: 1/17/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER