

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 03, 2008 08:00 A
Secretary of State

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



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3711624	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
222 WEST COMSTOCK AVENUE
SUITE 101
WINTER PARK, FL 32789

DO NOT WRITE
IN THIS SPACE

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, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000145550 EPI-GATE PARKWAY EQUITY, INC. 359 CAROLINA AVENUE WINTER PARK, FL 32789
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRUDENTIAL INSURANCE CO 8 CAMPUS DRIVE 4TH FL PARSIPPANY, NJ 07054
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U000000845825
 03/18/08-80003-015 500.00

DO NOT WRITE
IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/08 **407-644-9055**
Date Daytime Phone #