

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A00000001288

1. Entity Name
 ALTAMONTE MANOR FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 25 AM 7:46

Principal Place of Business
 849 WYMORE ROAD, SUITE 50
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 849 WYMORE ROAD, SUITE 50
 ALTAMONTE SPRINGS, FL 32714



01042007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2268971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRIOLA, GARY
 800 Semoran Park Drive
 Winter Park, FL 32792

**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 Gary Abriola DATE 1-15-07
Signature, typed or printed name of registered agent and state if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

600086798096
 01/31/07--01012--022 **500.00

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 # L00000009919
 NAME GDR MANAGEMENT LLC
 STREET ADDRESS 800 Semoran Park Drive
 CITY-ST-ZIP WINTER PARK, FL 32792

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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 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: Gary Abriola DATE 1-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #