

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # A00000001288

1. Entity Name
ALTAMONTE MANOR FAMILY LIMITED PARTNERSHIP



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

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



DO NOT WRITE IN THIS SPACE

02062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
52-2268971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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*
Signature, typed or printed name of registered agent and title if applicable

2-1-08
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 # **L00000009919**
NAME **GDR MANAGEMENT LLC**
STREET ADDRESS **800 SEMORAN PARK DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

U000000823563
02/20/08-80044-008 500.00

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-1-08
Date Daytime Phone #

STAPLE CHECK HERE