

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001289

1. Entity Name
WINTER PARK POINTE 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006 Chg-LP CRZE003 (11/05)

City & State

City & State

4. FEI Number
52-2268972 Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRIOLA, GARY
849 WYMORE ROAD, SUITE 50
ALTAMONTE SPRINGS, FL 32714

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

Gary Abriola
 Signature, typed or printed name of registered agent and title if applicable.

DATE

2/15/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

U00000445537
03/07/06-80047-007 500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L00000009919**
 NAME **GDR MANAGEMENT LLC**
 STREET ADDRESS **849 WYMORE ROAD, SUITE 50**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

GDR Management
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

2/15/06 **407 678-8100**

STAPLE CHECK HERE