

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000693**

1. Entity Name  
**GRANDEVILLE AT THE COMMONS LIMITED PARTNERSHIP**



Principal Place of Business  
**650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**



01132006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3057875**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GV AT THE COMMONS, LTD., LLLP  
650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**

**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]*  
Signature, typed or printed name of registered agent and title if applicable

**1-25-06**

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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 # **A02000000692**  
NAME **GV AT THE COMMONS, LTD., LLLP**  
STREET ADDRESS **650 S. NORTHLAKE BLVD, STE 450**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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**1000000407050  
02/07/06-80114-025 508.75**

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-25-06**

DATE

**4076453575**

Daytime Phone #

STAPLE CHECK HERE