

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # A03000000943

1. Entity Name
GRANDEVILLE ON SAXON LTD.



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

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



01232008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0063466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LECCESE, SALVADOR F
650 S NORTHLAKE BLVD
SUITE 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

Salvador F. Leccese
Signature, typed or printed name of registered agent and the applicable

2/20/08
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 # **A03000000941**
NAME **GV ON SAXON, LTD**
STREET ADDRESS **650 S NORTHLAKE BLVD., SUITE 450**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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U00000843901
03/12/08-80013-018 508.75

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE