


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:48

DOCUMENT # A05000001860 1. Entity Name GV AT GREENWICH LIMITED PARTNERSHIP	
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Principal Place of Business 650 S. NORTHLAKE BOULEVARD, SUITE 450 ALTAMONTE SPRINGS, FL 32701	Mailing Address 650 S. NORTHLAKE BOULEVARD, SUITE 450 ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

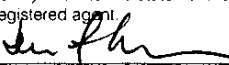


02212008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3648538	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LECESSE DEVELOPMENT, INC. 650 S. NORTHLAKE BOULEVARD, SUITE 450 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name LECESSE DEVELOPMENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 650 S. NORTHLAKE BLVD, SUITE 450 City ALTAMONTE SPRINGS FL Zip Code 32701
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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 	DATE 2/21/08
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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00
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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.
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12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
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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
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SIGNATURE: 	DATE 2/21/08	DAYTIME PHONE # 407 645-5574
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STAPLE CHECK HERE