| | **2007 LI**I

SIGNATURE:

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0600000184 C V PARTNERS OF ORLANDO FAMILY LIMITED 07 JAN 25 AM 7: 46 PARTNERSHIP Principal Place of Business Mailing Address 800 SEMORAN PARK DRIVE 800 SEMORAN PARK DRIVE WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E003 (12/06) City & State City & State 4 FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRIOLA, GARY Street Address (P.O. Box Number is Not Acceptable) 800 SEMORAN PARK DRIVE WINTER PARK, FL 32792 City Zip Code FL 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 of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. DOCUMENT # L00000009919 STREET ADDRESS NAME GDR MANAGEMENT LLC STREET ADDRESS 800 SEMORAN PARK DRIVE CITY-S1-7P CITY-ST-ZIP WINTER PARK, FL 32792 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 900086798309 01/31/07--01012--026 **500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER