


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 52

DOCUMENT # A06000000184 1. Entity Name C V PARTNERS OF ORLANDO FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 800 SEMORAN PARK DRIVE WINTER PARK, FL 32792			Mailing Address 800 SEMORAN PARK DRIVE WINTER PARK, FL 32792		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABRIOLA, GARY 800 SEMORAN PARK DRIVE WINTER PARK, FL 32792				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 <u><i>Harry Abriola</i></u>				DATE <u>4-18-08</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
200129506792 05/15/08--01002--016 **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		STREET ADDRESS		
NAME	GDR MANAGEMENT LLC		CITY - ST - ZIP		
STREET ADDRESS	800 SEMORAN PARK DRIVE				
CITY - ST - ZIP	WINTER PARK, FL 32792				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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					
SIGNATURE: <u><i>Harry Abriola</i></u>				DATE <u>4-18-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE