

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A97000000683

1. Entity Name
GT APARTMENTS, LTD.



FILED

07 MAY 18 PM 4:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 500 S. FLORIDA AVE., STE. 700
 LAKELAND, FL 33801

Mailing Address
 P.O. BOX 5252
 LAKELAND, FL 33807-5252

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

01292007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3515257

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

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

DATE

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P29845
 NAME A & M BUSINESS PROPERTIES, INC.
 STREET ADDRESS 500 S. FLORIDA AVE., STE. 700
 CITY-ST-ZIP LAKELAND, FL 33801

STREET ADDRESS
 CITY-ST-ZIP
 600103711636
 06/01/07-01018-007 **508.75

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STREET ADDRESS
 CITY-ST-ZIP

PA

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

4/25/07

Date

863-647-1581

Daytime Phone #

STAPLE CHECK HERE