

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
Feb 22, 2005 08:00 AM  
Secretary of State

DOCUMENT # A97000001370

1. Entity Name  
GFP PROPERTIES, LTD.



Principal Place of Business  
601 NORTH NEW YORK AVENUE  
#207  
WINTER PARK, FL 32789

Mailing Address  
P.O. BOX 2066  
WINTER PARK, FL 32789-3103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3456164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALTSMAN, ROBERT P  
222 SOUTH PENNSYLVANIA AVE., SUITE 200  
WINTER PARK, FL 32789

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 filer if applicable

DATE

9. Capital Contributions  
as Shown on record. \$990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # V44833  
NAME ATLANTIC COAST MANAGEMENT, INC.  
STREET ADDRESS 601 NORTH NEW YORK AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 exemption stated in Section 119.07(3)(f), 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

2-17-05

407-647-4300

Daytime Phone # 8338

STAPLE CHECK HERE