

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

**FILED**

08 FEB 19 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01252008 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A97000001370</b> 1. Entity Name <b>GFP PROPERTIES, LTD.</b>					
Principal Place of Business <b>601 NORTH NEW YORK AVENUE          #201          WINTER PARK, FL 32789</b>			Mailing Address <b>P.O. BOX 2066          WINTER PARK, FL 32789-3103</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3456164</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SALTSMAN, ROBERT P          222 SOUTH PENNSYLVANIA AVE., SUITE 200          WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	V44833		STREET ADDRESS	601 N. NEW YORK AVE SUITE 201	
NAME	ATLANTIC COAST MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	601 NORTH NEW YORK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	800117636978	
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STAPLE CHECK HERE

**SIGNATURE:** Robert P. Saltsman 020608 407.647.4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #