

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000804

1. Entity Name
GALLERIA PORTOFINO PARTNERS, LTD.



Principal Place of Business
**170 SUNPORT LANE
SUITE 900
ORLANDO, FL 32809**

Mailing Address
**170 SUNPORT LANE
SUITE 900
ORLANDO, FL 32809**



01052006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3602959	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GOMEZ, OCTAVIO
170 SUNPORT LANE
SUITE 900
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

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, 2006, 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

DOCUMENT #	P99000027432
NAME	GALLERIA PORTOFINO, INC.
STREET ADDRESS	170 SUNPORT LANE, SUITE 900
CITY-ST-ZIP	ORLANDO, FL 32809

DOCUMENT #	
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STREET ADDRESS	
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02/10/06-80066-002 508.75

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/16/06 407.240.6150

STAPLE CHECK HERE