

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 19, 2007 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**



02142007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3602959**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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.

U00000672173

03/23/07-80056-004 667.50

**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

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

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**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

**Octavio Gomez**

**2/22/07 407-240-6150**

Date

Daytime Phone #

STAPLE CHECK HERE