

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000341

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** GRE ALTAMONTE LP

**Current Principal Place of Business:**

FOUR COPLEY PLACE, SUITE 4403  
BOSTON, MA 02116 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD E. MICHAELS  
130 E. RANDOLPH STREET, SUITE 3800  
CHICAGO, IL 60601 US

**New Mailing Address:**

C/O RICHARD E. MICHAELS  
311 S. WACKER DRIVE, SUITE 4400  
CHICAGO, IL 60606 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M05000004050  
Name: GRE ALTAMONTE GP LLC  
Address: FOUR COPLEY PLACE, SUITE 4403  
City-St-Zip: BOSTON, MA 02116 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GRE ALTAMONTE GP LLC

GP

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date