

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A31286
1. Entity Name
GAINESVILLE MALL LIMITED PARTNERSHIP

FILED
01 APR 25 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 2772-S NORTHWEST 43RD STREET SUITE S GAINESVILLE FL 32606
Mailing Address: 2772-S NORTHWEST 43RD STREET SUITE S GAINESVILLE FL 32606

2. Principal Place of Business: 2564 NW 13th ST
3. Mailing Address: 2564 NW 13th ST
Suite, Apt. #, etc.

City & State: Gainesville, FL
City & State: Gainesville, FL
Zip: 32609 Country: USA

4. FEI Number: 59-3054395
5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HOLDEN, CHARLES I., JR.
2772-S NORTHWEST 43RD STREET
SUITE S
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent
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.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$1,490,000.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	S37044
NAME	EREM, INC.
STREET ADDRESS	2772-S N.W. 43RD ST.
CITY-ST-ZIP	GAINESVILLE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500004191525--2 -05/09/01--01114--009 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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.
Gainesville, Mall Ltd. Partnership, EREM, Inc, Gen Partner
SIGNATURE: *[Signature]* DATE: 4-16-01 DAYTIME PHONE: (352) 377-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)