

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A31286
1. Entity Name
GAINESVILLE MALL LIMITED PARTNERSHIP

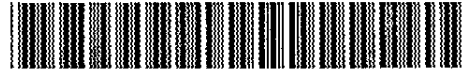


Principal Place of Business: **2564 N.W. 13TH STREET GAINESVILLE FL 32609**
Mailing Address: **2564 N.W. 13TH STREET GAINESVILLE FL 32609**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____
Zip: _____ Country: _____



MOORE CR2E003 (11/03)

4. FEI Number: **59-3054395**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$1,490,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **1490,000**
11. **MAKE CHECK PAYABLE TO FL. 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 # | NAME | STREET ADDRESS | CITY - ST - ZIP |
|---------------|-------------------|-----------------------------|-----------------------|
| S37044 | EREM, INC. | 2772-S N.W. 43RD ST. | GAINESVILLE FL |
| | | | |
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| | | | |
| | | | |

13. ADDRESS CHANGES ONLY

| STREET ADDRESS | CITY - ST - ZIP |
|----------------|----------------------------------|
| | 000000111140 |
| | 04/13/04-80004-005 526.25 |
| | |
| | |
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| | |

STAPLE CHECK HERE

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

SIGNATURE: *Marie J. G...* **3/07/04** (352) **3729615**
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #