


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Apr 09, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A32994**  
1. Entity Name  
**GAINESVILLE PROPERTY ASSOCIATES, LTD.**



Principal Place of Business      Mailing Address  
**547 FIRST STREET SOUTH      547 FIRST STREET SOUTH**  
**ST. PETERSBURG, FL 33701      ST. PETERSBURG, FL 33701**

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-LP      CR2E003 (12/06)

4. FEI Number      Applied For  
**59-3118325**      Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, WILLIAM P  
547 FIRST ST. S.  
ST. PETERSBURG, FL 33701**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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 #	<b>847698</b>
NAME	<b>FLORIDA REAL PROPERTY MANAGEMENT, INC.</b>
STREET ADDRESS	<b>547 FIRST STREET SOUTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33701</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

1000000383400  
04/22/08-80053-017 500.00

STAPLE CHECK HERE

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:** *William P. Edwards, President 4/7/08*      Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone # \_\_\_\_\_