


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

**FILED
Mar 07, 2008 08:00 A
Secretary of State**

DOCUMENT # A93000000811

1. Entity Name
SHADY NOOK LIMITED



| | |
|--|--|
| Principal Place of Business C/O GAINESVILLE REAL ESTATE MANAGEMENT CO. 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 | Mailing Address C/O GAINESVILLE REAL ESTATE MANAGEMENT CO. 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 |
|--|--|



01092008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3203483 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CRUTCHER, KEITH A
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653**

**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 # | P92000006734 |
| NAME | GAINESVILLE REAL ESTATE MANAGEMENT CO., INC |
| STREET ADDRESS | 2040 N.W. 67TH PLACE |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000850865
03/25/08-80007-012 500.00

**DO NOT WRITE
IN THIS SPACE**

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: Keith Crutcher President Keith Crutcher 2/19/08 352-376-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #