

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 MAY 18 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

DOCUMENT # A96000001847


1. Entity Name
 GATEWAY TO GAINESVILLE, LTD.



Principal Place of Business
 3700 N.W. 91ST STREET, SUITE A-100
 GAINESVILLE, FL 32606

Mailing Address
 3700 N.W. 91ST STREET, SUITE A-100
 GAINESVILLE, FL 32606

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02112004 Chg-LP CR2E003 (10/03) 3/18

4. FEI Number
 59-3419529

Applied for
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAUFLER, EUGENE B
 3700 N.W. 91ST STREET, SUITE A-100
 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 if applicable.

9. Capital Contributions as Shown on record. **\$3,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000074667	STREET ADDRESS	700037848437
NAME	THIRTY-NINTH AVENUE, INC.	CITY-ST-ZIP	06/10/04--01066--005 **437.50
STREET ADDRESS	3700 N.W. 91ST STREET, SUITE A-100		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	700037848437
NAME		CITY-ST-ZIP	06/10/04--01066--006 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Eugene B. Haufler, Inc. 4-20-04 352-376-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #