
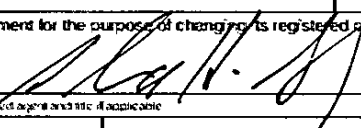
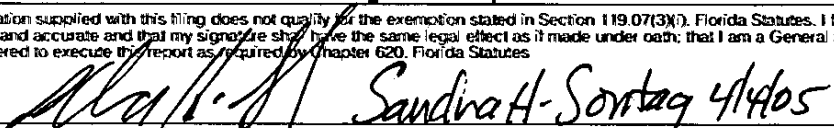


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
2005 APR -8 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A96000001847</b>				
<b>1. Entity Name</b> GATEWAY TO GAINESVILLE, LTD.				
<b>Principal Place of Business</b> 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606		<b>Mailing Address</b> 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
HAUFLER, EUGENE B 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606		Name <u>SANDRA H. SONTAG</u> Street Address (P.O. Box Number is Not Acceptable) <u>3700 NW 91 STREET, A-100</u> City <u>GAINESVILLE</u> FL Zip Code <u>32606</u>		
<b>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.</b>				
SIGNATURE: 		DATE: <u>4/4/05</u>		
<b>9. Capital Contributions as Shown on record.</b> \$3,500,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>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.</b>				
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	P95000074667 THIRTY-NINTH AVENUE, INC. 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606	STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		CITY- ST- ZIP		
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>		100054030911 05/06/05--01112--016 **526.25		
SIGNATURE: 		DATE: <u>4/4/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE		
		DAYTIME PHONE # <u>352 376 3336</u>		

STAPLE CHECK HERE