


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000001847 1. Entity Name GATEWAY TO GAINESVILLE, LTD.	
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26 MAY -1 AM 9:43
 STATE TALLY OF STATE
 TALLAHASSEE FLORIDA

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3419529
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



04102006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent SONTAG, SANDRA H 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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000074667	STREET ADDRESS	
NAME	THIRTY-NINTH AVENUE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3700 N.W. 91ST STREET, SUITE A-100		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/15/06--01048--013 **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: *Debra Annita D'Souza Hewster* 4-10-06 352-376-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #