## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B9800000185  1. Entity Name				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
GAINESVILLE PROPERTIES, L.P.				
Principal Place of Business  30 OLD RUDNICK LANE, SUITE 100  DOVER DE 19901  Mailing Address  745 FIFTH AVENUE, SUITE 7  NEW YORK NY 10151-0799			709	OOMAY - 3 PM 1: 33
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State City & State		City & State		4. FEI Number 65-0823935 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current I	Registered Agent	Name –	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC.				dress (P.O. Box Number is Not Acceptable)
3953 W.W. KELLEY ROAD				,
TALLAHASSEE FL 32311			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.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
9. Capital Contributions as Shown on record.  \$600,000.00 In FLORIDA to date.			• <del>\$</del> 600,0	
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 # NAME STREET ADDRESS	F98000001749 GAINESVILLE PROPERTIES, INC. 745 FIFTH AVENUE. SUITE 709		STREET ADORESS	
CITY-ST-ZIP	NEW YORK NY 10151		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	partify that the information symplied with	this filing does not qualify for the	CITY-ST-ZIP	d in Section 119 07(3)(i). Florida Statutes I further certify that the information
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				