


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # B98000000185</b>	
1. Entity Name <b>GAINESVILLE PROPERTIES, L.P.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:47

Principal Place of Business <b>30 OLD RUDNICK LANE, SUITE 100 DOVER DE 19901</b>	Mailing Address <b>745 FIFTH AVENUE, SUITE 709 NEW YORK NY 10151</b>
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business	3. Mailing Address <b>745 5th Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 1514</b>
City & State	City & State <b>New York, N.Y.</b>
Zip	Zip <b>10151</b>
Country	Country <b>USA</b>

*[Handwritten initials]*

4. FEI Number <b>65-0823935</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**11. FILE NOW!!! Due by May 1, 2005**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. <b>\$600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>
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**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 # <b>F98000001749</b>	NAME <b>GAINESVILLE PROPERTIES, INC.</b>	STREET ADDRESS <b>745 FIFTH AVENUE Suite 1514</b>	
STREET ADDRESS <b>745 FIFTH AVENUE, SUITE 709</b>		CITY-ST-ZIP <b>New York, N.Y. 10151</b>	
CITY-ST-ZIP <b>NEW YORK NY 10151</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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

**SIGNATURE:** *[Signature]* **RICHARD FELOSTEIN** 3-1-05 (212) 355-2825

STAPLE CHECK HERE