


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000621</b> 1. Entity Name <b>THE GREENS AT WEST END OF GAINESVILLE, LTD.</b>	
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Principal Place of Business <b>6110 N.W. 1ST PLACE GAINESVILLE FL 32607</b>	Mailing Address <b>6110 N.W. 1ST PLACE GAINESVILLE FL 32607</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>59-3645903</b>	<input type="checkbox"/> Applied For <input checked="" 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>SHEY, LAURA B 6110 N.W. 1ST PLACE GAINESVILLE FL 32607</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____
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9. Capital Contributions as Shown on record. <b>\$910,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>910,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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>346029</b> NAME <b>SHEY ASSOCIATES, INC.</b> ✓ STREET ADDRESS <b>6110 N.W. 1ST PLACE</b> CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>	STREET ADDRESS CITY-ST-ZIP
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02/28/04-60010-002 526.25

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

**SIGNATURE:** *Laura Shay* **President** *IFP* **Laura Shay** 2-9-04 (352) 331-1668  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #