

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000000040

1. Entity Name
RW OF GILCHRIST COUNTY, LTD.



FILED

2005 APR 28 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2700-A NW 43RD STREET
GAINESVILLE, FL 32606

Mailing Address
2700-A NW 43RD STREET
GAINESVILLE, FL 32606

2. Principal Place of Business
2772-S NW 43rd Street

3. Mailing Address
2772-S NW 43rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville FL

City & State
Gainesville, FL

Zip
32606

Country
USA

Zip
32606

Country
USA

04132005

Chg-LP

CR2E003 (10/03)

4. FEI Number
APPLIED FOR 13-4232863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR
2772-S NW 43RD STREET
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$125,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P03000003183
NAME RIVERWALK OF GILCHRIST COUNTY DEVELOPMENT
STREET ADDRESS 2772-S NW 43RD STREET
CITY-ST-ZIP GAINESVILLE, FL 32606

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Charles I Holden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-05

(352) 377-5900

Date

Daytime Phone #

STATE OF FLORIDA