


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A05000000227</b> 1. Entity Name <b>HOLLY POINTE APARTMENTS, LTD.</b>					
Principal Place of Business <b>11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>			Mailing Address <b>11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-2311664</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALE, JEFFREY W          11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L05000009300          HOLLY POINTE APARTMENTS, LLC          11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>		STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>200123021782</b>  <b>04/11/08--01007--012 **508.75</b> </div>	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			By: <b>John Curtis</b> <b>4/1/2008</b> <b>352-332-0838</b> <small>Date      Daytime Phone #</small>		

FILED  
 08 APR -9 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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