

2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # A08650	
1. Entity Name GAMBIA WOODS APARTMENTS, LTD.	

Principal Place of Business 309 ELM STREET BUNNELL FL 32010	Mailing Address P.O. BOX 13526 MACON GA 31208-3526
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent COMER, DON 1801 JOBYNA AVE. ORANGE PARK FL 32073	
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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	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

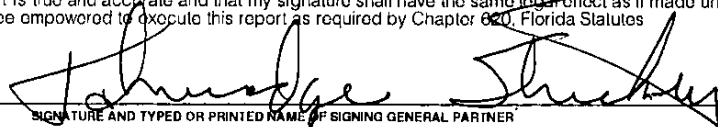
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-STATE-ZIP	STUCKEY, TALMADGE 171 RIVOLI RIDGE DR MACON GA 31210
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	STUCKEY, REVA J 171 RIVOLI RIDGE DR MACON GA 31210
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-STATE-ZIP	
STREET ADDRESS CITY-STATE-ZIP	U00000665075 03/23/07-80012-003 508.75
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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.

SIGNATURE:  **3-5-07 418-742-7756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE