

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

141.2

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A11980 1. Entity Name GAINESVILLE MARKETPLACE ASSOCIATES, LIMITED					
Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI FL 33126			Mailing Address 703 WATERFORD WAY STE. 800 MIAMI FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2193447 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 MIAMI FL 33126	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, applicable</small>	
9. Capital Contributions as Shown on record. \$175.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M34390		STREET ADDRESS		
NAME	LANCASTER DEVCORP, INC.		CITY - ST - ZIP		
STREET ADDRESS	703 WATERFORD WAY, STE. 800		CITY - ST - ZIP		
CITY - ST - ZIP	MIAMI FL 33126		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS			CITY - ST - ZIP		
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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:			4/4/5 705-261-4330 <small>Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

U00000331148
04/26/05 2005-008 141.25

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