


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A11980 1. Entity Name GAINESVILLE MARKETPLACE ASSOCIATES, LIMITED LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 20 AM 9:01

Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI, FL 33126	Mailing Address 703 WATERFORD WAY STE. 800 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

06202007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2193447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ State 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 \$500.00
 Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	600106489826
NAME	LANCASTER DEVCORP, INC.		CITY-ST-ZIP	07/20/07--01033--014 **500.00
STREET ADDRESS	703 WATERFORD WAY, STE. 800			
CITY-ST-ZIP	MIAMI, FL 33126			
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STREET ADDRESS				
CITY-ST-ZIP				

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: *[Signature]* 6/20/07 305-261-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

DOUGLAS H. PRIDGEN, TREASURER, LANCASTER DEVCORP, INC.

STAPLE CHECK HERE