


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership GAINESVILLE DEVELOPMENT ASSOCIATES, LTD.		1a. DOCUMENT # A19377	
Mailing Address 130 KEARNY STREET, SUITE 3058 SAN FRANCISCO CA 94108		Principal Office Address 130 KEARNY STREET, SUITE 3058 SAN FRANCISCO CA 94108	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



42 12/27

3. Date Formed or Registered 03/15/1985	5a. Capital Contributions as Shown on record \$990.00
3a. Date of Last Report 06/04/1996	5b. Amount of Capital Contributions in FLORIDA to date: 990.00
4. State or Country of Formation FL	
6. FEI Number 39-1513637	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent HOLLOWAY, JAMES T 111 SOUTHEAST FIRST AVENUE GAINESVILLE FL 32601	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CH2M HILL, INC. PACTEL PROPERTIES-GAINESVILL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6080 SOUTH WILLOW DRI 130 KEARNY STREET, SU	11b. City, State & Zip Code ENGLEWOOD CO 94108 SAN FRANCISCO CA 9410	11c. Registration/Document Number 185770 P12182
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE BY: **PACTEL PROPERTIES-GAINESVILLE, G.P.**

DATE **12/5/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

415 394-2774

CR2E003 (6/96)