


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A23311 1. Entity Name GAINESVILLE OFFICE ASSOCIATES, LTD.			
Principal Place of Business % VON HAGKE INTERNATIONAL, INC. 625 WALNUT RIDGE DRIVE SUITE 101 HARTLAND WI 53029-8803		Mailing Address % VON HAGKE INTERNATIONAL, INC. 625 WALNUT RIDGE DRIVE SUITE 101 HARTLAND WI 53029-8803	
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 39-1558519		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 F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202		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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
9. Capital Contributions as Shown on record. \$629,640.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 # NAME STREET ADDRESS CITY - ST - ZIP	P11288 VHI DEVELOPMENT CORP. 625 WALNUT RIDGE DRIVE HARTLAND WI 53029-8803 ✓	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:  **2/10/04**
Volkmar von Hagke, Pres., VHI Develop. Corp., Gen. Partner Date Daytime Phone #

STAPLE CHECK HERE