## FILE ON QR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A93000000006

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB 13 PM 3: 49



## SUNDOWNE APARTMENTS LIMITED 3. Date Formed or Registered **5a.** Capital Contributions as Shown on record. Principal Office Address Malling Address 12/31/1992 %GAINESVILLE REAL ESTATE MINGT, CO., INC. WGAINESVILLE REAL ESTATE MNGT. CO., INC. \$1,000.00 2040 N.W. 67TH PLACE 2040 N.W. 67TH PLACE 3a. Date of Last Report GAINESVILLE FL 32653 **GAINESVILLE FL 32653** 02/04/1997 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Malling Address Principal Office Address 182,428.67 FL Suite, Apt. #, etc. Suite, Apt. #, etc 6. FEI Number Applied For 59-3161296 🖵 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Reguland Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office CRUTCHER, KEITH A Street Address (P.O. Box Number Is Not Acceptable) 2040 N.W. 67TH PLACE GAINESVILLE FL 32606-3265 Suite, Apt. #, etc. Zip Code City 10a, Pursuant to the provisions of sections 620.1051 and 620.195, Florida Statues, 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. City, State & Zip Code 11b. Name(s) of General Partner(s) GAINESVILLE REAL ESTATE MANA 2040 N.W. 67TH PLACE P92000006734 **GAINESVILLE FL 32606** 600002411936--8 -01/26/98--01097--002 \*\*\*5783.40 \*\*\*\*526.25

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-glyringlence 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 indic Impose 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 triplet 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 this annual report is true and ac by chapter 620, Florida Statutes. empowered to execute this

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Keith A. Crutcher

Daytime Telephone Number