

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000006**

1. Entity Name

SUNDOWNE APARTMENTS LIMITED

Principal Place of Business

%GAINESVILLE REAL ESTATE MNGT. CO., INC.
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653

Mailing Address

%GAINESVILLE REAL ESTATE MNGT. CO., INC.
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

59-3161296

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRUTCHER, KEITH A
2040 N.W. 67TH PLACE
GAINESVILLE FL 32606-3265

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$182,428.67

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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 #	P92000006734	STREET ADDRESS	9000033889429--2
NAME	GAINESVILLE REAL ESTATE MANAGEMENT CO., INC	CITY-ST-ZIP	05/21/01 01007 010
STREET ADDRESS	2040 N.W. 67TH PLACE		****141.25 ****141.25
CITY-ST-ZIP	GAINESVILLE FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Keith Crutcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Keith Crutcher

3/13/01

352 376 4939

Daytime Phone #