


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:50

<b>DOCUMENT # A93000000006</b> 1. Entity Name <b>SUNDOWNE APARTMENTS LIMITED</b>					
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		4. FEI Number <b>59-3161296</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New 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	
				State <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$182,428.67</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P92000006734		STREET ADDRESS		
NAME	GAINESVILLE REAL ESTATE MANAGEMENT CO., INC		CITY - ST - ZIP		
STREET ADDRESS	2040 N.W. 67TH PLACE				
CITY - ST - ZIP	GAINESVILLE, FL 32606				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: <i>Keith A. Crutcher, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <i>3/22/05</i> Daytime Phone #: <i>352 376 4939</i>		

STAPLE CHECK HERE



*JS*

02102005 Chg-LP CR2E003 (10/03)

300050033373  
04/05/05--01055--015 \*\*141.25