

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A93000000006**

1. Entity Name
SUNDOWNE APARTMENTS LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR - 1 PM 2:30

A
19/00

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. DUE BY MAY 1, 2003

City & State City & State 4. FEI Number **59-3161296** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions **\$182,428.67** 10. Amount of Capital Contributions
as Shown on record. in FLORIDA to date. **0** 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 #	P92000006734	STREET ADDRESS	400014960054
NAME	GAINESVILLE REAL ESTATE MANAGEMENT CO.,INC	CITY-ST-ZIP	04/01/03--01023--015 **141.25
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			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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:

CRUTCHER, Keith A. Crutcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/17/03 332/264-7181
Date Daytime Phone #