2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005					cro	111	£υ
DOCUMENT # A9300000007 1. Entity Name PINE RUSH APARTMENTS LIMITED							OF STATE ORPORATIONS AM 10: 51
Principal Place of Business %GAINESVILLE REAL ESTATE MNGT. CO., INC. 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 Mailing Address %GAINESVILLE REAL ESTATE 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653		Έ	IGT. CO., INC.		1 11 film 11 01 11 01 10 0		II BENI BINK IBIKAN IL IBBI
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02102005	Chg-LP	CR2E0	03 (10/03)
City & State	City & State			4. FEI Number 59-31612	291		Applied For Not Applicable
Zip Country	Zip	Country	,	5. Certificate of			\$8.75 Additional
6. Name and Address of Current F	Registered Agent	1		7. Name and A	ddress of New R		
			Name				
CRUTCHER, KEITH A 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653			Street Address (P.O. Box Number is Not Acceptable)				
GAINESVIECE, I'E 32033			O'tr.				Tin Code
			City			FL	Zip Code
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s registered	office or register	ed agent, or both,	in the State of Flo	rida. I am f	amiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent as	nd title if applicable,					DATE	
9. Capital Contributions as Shown on record. \$976,437.40	10. Amount of Capita in FLORIDA to di		itions				
A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS EN	NTITY MU	ST BE REGIST	TERED AND AC	TIVE WITH TH	IS OFFICE	tner.
12. GENERAL PARTNER		13.			ADDRESS CHA		
DOCUMENT # P92000006734 NAME GAINESVILLE REAL ESTATE MANAGEMENT CO.,INC		STREET	ADDRESS				
STREET ADDRESS 2040 N.W. 67TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-S	ST-ZIP				
OCCUMENT # NAME		STREET	ADDRESS				
STREET ADDRESS — CITY-ST-ZIP		CITY-\$	T - ZIP	0000500 04/06/0501.064		140720 001 **141.25	
DOCUMENT # NAME		STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY - S	ST-ZIP				
OCCUMENT # NAME		STREET	T ADORESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT		CITY-S	ST - ZIP				
NAME E		STREET	F ADDRESS				
ш СПТ-51-21Р		CITY-S	ST-ZIP				
DOCUMENT / NAME STREET ADDRESS		STREET	T ADDRESS				·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-
CITY - ST - ZIP	this filling does not qualify to	CITY-S		ection 110.07(2)(0)	Florida Statutos	l further ec-	tily that the information
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	that my signature shall have s report as required by Chap	e the same l pter 620, Fl	legal effect as if n lorida Statutes	nade under oath;	that I am a Genera	al Partner of	the limited partnership or
SIGNATURE: SIGNATURE AND TYPES OR	PRINTED NAME OF SIGNING GENER	HAL PARTNER	HhA. CRU	utcher	3/22/1)5	352 3764939 Paytime Phone #