2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000008

HOMESTEAD APARTMENTS LIMITED



FILED Mar 12, 2007 08:00 AM **Secretary of State**

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



01122007 No Cha-LP

CR2E003 (12/06)

4. FEI Number 59-3161286

Applied For Not Applicable

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 32653

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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 nume of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	U00000664391 03/22/07-80042-019 500.00
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	

DOCUMENT # P98000065588 NAME HOMESTEAD APARTMENTS MANAGEMENT, INC. STREET ADDRESS 2040 N.W. 67TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32653 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS City-St-7IP

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Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 of the execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the indicated on this report or the receiver or trust

SIGNATURE:

President Keith Crutcher 2/23/07