FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A9300000009

FILED 98 DEC 31 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



GATOR VILLAGE APARTMENTS LIMITED			any management of the control of the	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
%GAINESVILLE REAL ESTATE MNGT. CO., INC.	ILLE REAL ESTATE MNGT. CO., INC.		12/31/1992	
,2040 N.W. 67TH PLACE	2040 N.W. 67TH PLACE		3a. Date of Last Report	\$695,373.85
GAINESVILLE FL 32653	GAINESVILLE FL 32653		01/13/1998	5b. Amount of Capital Contributions in FLORIDA to date:
· 2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	18, 387, 03
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-3161283	Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Goding		Country	8. Make check payable to: Dept. of S	tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
CRUTCHER, KEITH A 2040 N.W. 67TH PLACE GAINESVILLE FL 32606-3265		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc	Suite, Apt. #, etc.	
		City		FL Zip Code
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		1b. City, State & Zip Code	11c. Registration/ Document Number
GAINESVILLE REAL ESTATE MANA	2040 N.W. 67TH PLACE		-01/11/	P92000006734 7356097 8 87-01002037 8 87.04 ****217.48
			dee	* 217.48
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 520, Florida Statutes.				
SIGNATURE DATE 12/29/18				
Typed or Printed Name of General Partner Signing Form <u>Keth</u> <u>CRutcher</u> Daylime Telephone Number 352 376 4939				