2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A93000000009 GATÓR VILLAGE APARTMENTS LIMITED 05 MAR 30 AM 10: 52 Principal Place of Business Mailing Address %GAINESVILLE REAL ESTATE MNGT. CO., INC. %GAINESVILLE REAL ESTATE MNGT. CO., INC. 2040 N.W. 67TH PLACE 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 02102005 Chg-LP Applied For City & State City & State 4. FEI Number 59-3161283 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUTCHER, KEITH A Street Address (P.O. Box Number is Not Acceptable) 2040 N.W. 67TH PLACE GAINESVILLE, FL 32606-3265 Zip Code City FI 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$695,373.85 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P92000006734 STREET ADDRESS GAINESVILLE REAL ESTATE MANAGEMENT CO..INC NAME STREET ADDRESS 2040 N.W. 67TH PLACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32606 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 000050033890 CITY-ST-ZIP 84/86/85 81855 823 **141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAM: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOM:MENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 emported to execute this report as required by Chapter 620, Florida Statutes