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

LIMITED PARTNERSHIP ANNUAL REPORT



THE WOODS APARTMENTS LIMITED

Country



City & State

Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

City & State

DOCUMENT# A9300000010

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SECRETARY OF STATE

8. Make check payable to: Dept. of State (See reverse side for fee information)

3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 12/31/1992 % GAINESVILLE REAL ESTATE MNGT. CO. INC. % GAINESVILLE REAL ESTATE MNGT, CO. INC. \$291,149.70 3a. Date of Last Report 2040 N.W. 67TH PLACE 2040 N.W. 67TH PLACE GAINESVILLE FL 32653 GAINESVILLE FL 32653 5b. Amount of Capital Contributions in FLORIDA 01/13/1998 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For

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 32653	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Sulte, Apt. #, etc.
	City Zip Code

Country

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

59-3161288

7. Certificate of Status Desired

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Address of Each General Partner Registration/ 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Document Number GAINESVILLE REAL ESTATE MANA 2040 N.W. 67TH PLACE GAINESVILLE FL 32606 P92000006734

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Not Applicable

\$8.75 Additional Fee Required

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 filling 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 te 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 as required by chapter 620, Florida Statutes. empowered to execute this

SIGNATURE Typed or Printed Name of General Partner Signing Form

Crutcher

Daytime Telephone Number

(8/88)