

2002 UNIFORM BUSINESS REPORT (UBR)

0007414 AT

DOCUMENT # A93000000010
1. Entity Name
 THE WOODS APARTMENTS LIMITED

FILED
 02 MAR 26 PM 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DUE BY MAY 1, 2002

4. FEI Number 59-3161288
 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$291,149.70

10. Amount of Capital Contributions in FLORIDA to date. *0*

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P92000006734
NAME	GAINESVILLE REAL ESTATE MANAGEMENT CO.,INC
STREET ADDRESS	2040 N.W. 67TH PLACE
CITY-ST-ZIP	GAINESVILLE FL 32606
DOCUMENT #	
NAME	
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-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005181167--0
CITY-ST-ZIP	-04/02/02--01008--021 ****141.75 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Keith Crutcher* **Keith Crutcher** 3/13/02 352 376 4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE