


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A93000000010

1. Entity Name  
 THE WOODS APARTMENTS LIMITED



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.

City & State      City & State

Zip      Country      Zip      Country

01232004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 59-3161288      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. I am familiar with, and accept the obligations of registered agent.

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

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P92000006734	STREET ADDRESS	
NAME	GAINESVILLE REAL ESTATE MANAGEMENT CO., INC	CITY-ST-ZIP	
STREET ADDRESS	2040 N.W. 67TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	U00000146307
NAME		CITY-ST-ZIP	05/03/04-80060-008 141.25
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NAME		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)(c), 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 file this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Keith Crutcher      4/12/04      3523764939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Document No.

STAPLE CHECK HERE