

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007516 AT

DOCUMENT # A93000000010



1. Entity Name
THE WOODS APARTMENTS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -1 PM 2:31

LR4/3

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3161288**

Applied For
Not Applicable

DUE BY MAY 1, 2003

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUTCHER, KEITH A
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653**

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. *Ø*

**11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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	

STREET ADDRESS	
CITY-ST-ZIP	700014960027 04/01/03--01023--014 **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 A. Crutcher* **SIGNATURE KEITH A. CRUTCHER** *3/17/03* *352/264-7181*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)