

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
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3161288	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. <i>0</i>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	700014960027
STREET ADDRESS	2040 N.W. 67TH PLACE		04/01/03--01023--014 **141.25
CITY-ST-ZIP	GAINESVILLE FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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* **3/17/03** **352/264-7181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)