

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # A93000000012

1. Entity Name
SUMMER PLACE APARTMENTS LIMITED



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



01092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3161284

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 32606-3265

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 32653**

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000000850682
03/25/08-80007-017 500.00

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Keith Crutcher President *Keith Crutcher* 2/19/08 352-370-4839

STAPLE CHECK HERE