


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A93000000020		
1. Entity Name SUNRISE APARTMENTS OF GAINESVILLE, LTD.		

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3161294	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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9. Capital Contributions as Shown on record \$544,983.57	10. Amount of Capital Contributions in FLORIDA to date.
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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	
STREET ADDRESS	2040 N.W. 67TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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05/03/04-80060-005 141.25

14. I hereby certify that the information furnished 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 file this report as required by Chapter 620, Florida Statutes

SIGNATURE: 	Keith Crutcher	4/12/04	352376 4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE