2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT #A9300000020

SIGNATURE:

1. Entity Name
SUNDISE ADARTMENTS OF GAINESVILLE LTD



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 17 AM 10: 46

	SUNKISE	APARTMENTS OF GAIN	ESVILLE, LTD.	`				
	Principal Place %GAINESVILI 2040 N.W. 6 GAINESVILLE	LE REAL ESTATE MNGT. CO. INC. 7th place	Mailing Address %GAINESVILLE REAL ESTATE MNGT. CO. INC. 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653		NGT. CO. INC.			
Ì	2. Principal Place of Business		3. Mailing Address					
STAPLE CHECK HERE	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006 Chg-LP CR2E003 (11/05)		
	City & State		City & State			4. FEI Number Applied For 59-3161294 Not Applicable	е	
	Zip	Country	Zip	Country	у	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent			·		7. Name and Address of New Registered Agent		
	CRUTCHER, KEITH A				Name			
	2040 N.W. 67TH PLACE GAINESVILLE, FL 32653			-	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		
	FILE NOW!!! FEE IS \$500.00							
	After May 1, 2006, 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							
	12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY		
	DOCUMENT # NAME STREET ADDRESS	P92000006734 GAINESVILLE REAL ESTATE MANAGEMENT CO.,INC 2040 N.W. 67TH PLACE			T ADDRESS			
	CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-S	ST-ZIP	37653			
	DOCUMENT # NAME			STREET	I ADDRESS			
	STREET ADDRESS CITY+ST-ZIP			CITY-S	ST-ZIP	40006916 0494 03/31/0601027022 **500.00		
	DOCUMENT # NAME			STREE	T ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			CITY-5	ST-ZIP			
	DOCUMENT # NAME			STREET	T ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
	DOCUMENT # NAME			STREE	T ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
	DOCUMENT # NAME			STREE	T ADDRESS			
	STREET ADORESS CITY-ST-ZIP				ST-ZIP			
	14. I hereby certify that the information supplied with this filling 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 payore 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 entropy exercise execute this report as required by Chapter 620, Florida Statutes						,	