

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 12, 2007 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



01122007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3161294**

**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 32653

**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, 2007, Fee will be \$900.00**

U00000664398  
03/22/07-80042-025 500.00

**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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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:**

**President Keith Crutcher 2/23/07 (352) 376-4939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #