

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007515
AT

DOCUMENT # A93000000020

1. Entity Name
SUNRISE APARTMENTS OF GAINESVILLE, LTD.



FILED

03 APR -1 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3161294

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$544,983.57

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME GAINESVILLE REAL ESTATE MANAGEMENT CO.,INC
STREET ADDRESS 2040 N.W. 67TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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M THOMAS

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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:

Signature and Typed or Printed Name of Signing General Partner

Date

Daytime Phone #

CR2E003 (10/02)