

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A93000000811

1. Entity Name
SHADY NOOK LIMITED



FILED

2004 MAY -4 A 8:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**C/O GAINESVILLE REAL ESTATE MANAGEMENT CO.
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653**

Mailing Address
**C/O GAINESVILLE REAL ESTATE MANAGEMENT CO.
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3203483

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. **\$947,205.82**

10. Amount of Capital Contributions in FLORIDA to date. **2,098,927.15**

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 32653**

STREET ADDRESS
CITY-ST-ZIP **600035410386**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **05/04/04--01036--027 **2275.25**

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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:

Keith Crutcher
Keith Crutcher

4/12/04

352 376 4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE