


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:53

DOCUMENT # A9300000811

1. Entity Name
SHADY NOOK LIMITED



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.

City & State

City & State

Zip

Country

Zip

Country

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
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$2,098,927.15

10. Amount of Capital Contributions in FLORIDA to date. 1548932.66

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

P92000006734
GAINESVILLE REAL ESTATE MANAGEMENT CO., INC
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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] Pres. Keith A. Crutcher 3/22/05 352376493


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SECRETARY OF STATE
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02102005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3203483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required