

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:47

DOCUMENT # A93000000811

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

*Handwritten signature*



01112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3203483

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**

3. 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, 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; 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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900069070279  
03/30/06--01068--011 \*\*500.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Handwritten signature of Keith Crutcher* President Keith Crutcher 3/8/06 352 376-4939

STAPLE CHECK HERE