2008 LIMITED PARTNERSHIP ANNUAL REPORT

Mar 07, 2008 08:00 A Secretary of State **Due By May 1, 2008** DOCUMENT #A93000000811 SHADY NOOK LIMITED Principal Place of Business Mailing Address C/O GAINESVILLE REAL ESTATE MANAGEMENT CO. C/O GAINESVILLE REAL ESTATE MANAGEMENT CO. 2040 N.W. 67TH PLACE 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 01092008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3203483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CRUTCHER, KEITH A DO NOT WRITE 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653 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 little if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 GAINESVILLE REAL ESTATE MANAGEMENT CO., INC STREET ADDRESS 2040 N.W. 67TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32653 DOCUMENT # U00000850665 NAME 03/25/08-80007-012 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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 employed to accute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # STREET ADDRESS

CITY-S1-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED