

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A93000000862		
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1. Entity Name
BEVAL APARTMENT LIMITED

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 30 AM 10:54

Principal Place of Business
 2330 SW 35TH PLACE
 GAINESVILLE, FL 32608

Mailing Address
 P.O. BOX 5278
 GAINESVILLE, FL 32602-5278

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

02102005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3212854	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRUTCHER, KEITH A 2040 NW 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 _____

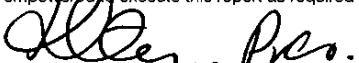
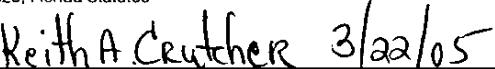
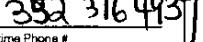
9. Capital Contributions as Shown on record. \$91,653.29	10. Amount of Capital Contributions in FLORIDA to date. 91 653.29
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P92000006734	STREET ADDRESS	
NAME	GAINESVILLE REAL ESTATE MANAGEMENT COMPANY	CITY-ST-ZIP	
STREET ADDRESS	2040 NW 67TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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

STAPLE CHECK HERE

SIGNATURE:   **3/22/05**  **352 376 4939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #