

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 30 AM 10:54

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|--|--|--|---|---|--|
| <b>DOCUMENT # A93000000862</b><br>1. Entity Name<br><b>BEVAL APARTMENT LIMITED</b>   |  |  |   |  |  |
| Principal Place of Business<br>2330 SW 35TH PLACE<br>GAINESVILLE, FL 32608   |  |  | Mailing Address<br>P.O. BOX 5278<br>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<br><b>59-3212854</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent   |   |  |
| CRUTCHER, KEITH A<br>2040 NW 67TH PLACE<br>GAINESVILLE, FL 32653   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </div> |   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$91,653.29</b>  |  | 10. Amount of Capital Contributions in FLORIDA to date. <b>91,653.29</b> |   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |  |   |   |  |
| 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   |  |  |   |   |  |
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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: <i>Keith A. Crutcher, Pres.</i> <b>Keith A. Crutcher</b> 3/22/05    352 376 4937  |  |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #   |   |  |

STAPLE CHECK HERE

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