


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A93000001375	
1. Entity Name STEEPLECHASE APARTMENTS, LTD.	

Principal Place of Business 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

FILED
08 APR 14 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

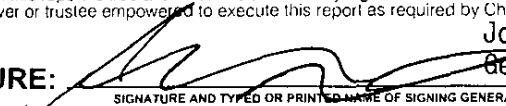
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CURTIS, GAIL W 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607	STREET ADDRESS CITY-ST-ZIP	900123593879 04/16/08--01006--007 **508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, STEVE W 5700 S.W. 34TH STREET, #1112 GAINESVILLE, FL 32608	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  **John M. Curtis**
General Partner

Date: 4/1/2008 Daytime Phone #: 352-332-0838