

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 26 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000337

COBBLESTONE APARTMENTS OF GAINESVILLE, LTD.

Mailing Address
**2700 S.W. ARCHER ROAD
GAINESVILLE FL 32608**

Principal Office Address
**2700 S.W. ARCHER ROAD
GAINESVILLE FL 32608**

3. Date Formed or Registered
03/17/1994

5a. Capital Contributions as
Shown on record.
\$380,000.00

3a. Date of Last Report
01/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation
FL

2. Mailing Address
6110 NW 1st Place

2a. Principal Office Address
6110 NW 1st Place

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Gainesville FL

City & State
Gainesville FL

Zip Country
32607 USA

Zip Country
32607 USA

6. FEI Number
59-3247019 ☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**FRAZIER, ROBERT H.
2700 S.W. ARCHER ROAD
GAINESVILLE FL 32608**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. **6110 NW 1st PLACE**

City

SUITE A

FL

Zip Code

32607

GAINESVILLE

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE **12-19-96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

SHEY ASSOCIATES, INC.

2700 S.W. ARCHER ROAD

GAINESVILLE FL 32604

348029

**300002046793--9
-01/06/97--01034--006
****578.25 ****578.25**

12/26/96

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE **12/17/96**

Typed or Printed Name of General Partner Signing Form

Ray Shultz Treasurer

Daytime Telephone Number **352 336 1008**