

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000337

COBBLESTONE APARTMENTS OF GAINESVILLE, LTD.

Mailing Address

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607

Principal Office Address

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

03/17/1994

3a. Date of Last Report

12/26/1996

4. State or Country of Formation

FL

6. F.I. Number

59-3247019

7. Certificate of Status Desired

Applied For
 Not Applicable

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

5a. Capital Contributions as Shown on record

\$380,000.00

5b. Amount of Capital Contributions in FL ORIDA to date

9. Name and Address of Current Registered Agent

FRAZIER, ROBERT H.
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

300002374153-8

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FL

10a. Pursuant to the provisions of sections 620.1061 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

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)

SHEY ASSOCIATES, INC.

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

-2700 S.W. ARCHER ROAD
6110 NW 1ST PLACE
STE. A

11b. City, State & Zip Code

GAINESVILLE FL 32604

32607

11c. Registration/Documental Number

346029

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

Typed or Printed Name of General Partner Signing Form

Ron Shultz Treasurer

Daytime Telephone Number

352 331 1668

CR25003 (6/97)