

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 26 AM 9:48

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001590

OXFORD MANOR APARTMENTS OF GAINESVILLE, LTD.

Mailing Address
P.O. BOX 14424
GAINESVILLE FL 32604

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

3. Date Formed or Registered
11/23/1994

5a. Capital Contributions as
Shown on record
\$2,628,333.00

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

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

2. Mailing Address
6110 NW 1st Place

2a. Principal Office Address
6110 NW 1st Place

4. State or Country of Formation
FL

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

6. FEI Number
59-3279561

☐ Applied For
☐ Not Applicable

City & State
Gainesville FL

City & State
Gainesville FL

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip Country
32607 USA

Zip Country
32607 USA

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

9. Name and Address of Current Registered Agent

FRAZIER, ROBERT N III
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)

6110 NW 1st place

Suite, Apt. #, etc.

SUITE A

City

GAINESVILLE

FL

Zip Code

32607

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 32608

340029

200002048612--0
-01/07/97--01114--014
****576.25 ****576.25

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number