

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 12 AM 10:30

1. Name of Limited Partnership FT/GAINESVILLE, LTD.	1a. DOCUMENT # A95000001300
---	---------------------------------------



Mailing Address 116 SOUTHEAST FIRST STREET GAINESVILLE FL 32601		Principal Office Address 116 SOUTHEAST FIRST STREET GAINESVILLE FL 32601		3. Date Formed or Registered 08/31/1995	5a. Capital Contributions as Shown on record \$450,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date 430,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number 59-3340336	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 CAIN, PATRICK E 116 SOUTHEAST FIRST ST. GAINESVILLE FL 32601	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

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) *Patrick E. Cain* DATE 12/12/98

**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) FT GAINESVILLE PARTNERS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 116 SOUTHEAST FIRST S <i>PK</i> <i>3/12/99</i>	11b. City, State & Zip Code GAINESVILLE FL 32601	11c. Registration/Document Number F95000004227 100002815731--0 -03/23/99--01040--025 *****437.50 *****437.50 100002815731--0 -03/23/99--01040--026 *****88.75 *****88.75
--	--	--	--

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 *Patrick E. Cain* DATE 12/12/98
Typed or Printed Name of General Partner Signing Form Patrick E. Cain Daytime Telephone Number 352-375-3466

CR2E003 (8/98)