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

LIMITED PARTNERSHIP ANNUAL REPORT **1997** 



THIRTY-NINTH AVENUE LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9500001492** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 26 PH 12: 52





Mailing Address  3700 N.W. 91ST STREET, A-100  GAINESVILLE FL 32606	Principal Office Address  3700 N.W. 91ST STREET, A-100		3. Date Formed or Registered 10/05/1995	5a. Capital Contributions as Shown on record. \$7,000,000.00
GAINESVILLE PL 32000	GAINESVILLE FL 32606	GRINESVILLE FL 32806		
			12/11/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable
City & State	City & State	City & State		\$8.75 Additional
Zip Country	Zip	Country	7. Certificate of Status Desired  8. Make check payable to: Dept.	Fee Required  of State (See reverse side for fee information
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name		
HAUFLER, EUGENE B 3700 N.W. 91ST STREET, A-100 GAINESVILLE FL 32606		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc		
		City Zip Code		FL Zip Code
agent. Lain familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoir	nd office or registered agent, or both, in the State of obligations of section 620, 192, Florida Statutes.  THAT IS A CORPORATION, MUST BE REGISTERED A	, LIMITED	PARTNERSHIP OR OTHI	***** ** ******************************
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/
THIRTY-NINTH AVENUE, INC.	3700 N.W. 91ST STRE	3700 N.W. 91ST STREET		P95000074667
			600002 -01/06 ****5	0467860 6/9701034004 678.25
	Y NOT be changed on this fo			·

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

EUGENE B. HAUFLER

Typed or Printed Name of General Partner Signing Form.

CR2E003 (6/9)

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12.17.94

Daytime Telephone Number .... 352-376-3336