

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A95000001492**

1. Entity Name  
**THIRTY-NINTH AVENUE LIMITED PARTNERSHIP**



Principal Place of Business  
**3700 N.W. 91ST STREET, A-100**  
**GAINESVILLE, FL 32606**

Mailing Address  
**3700 N.W. 91ST STREET, A-100**  
**GAINESVILLE, FL 32606**

2. Principal Place of Business - No P.O. Box #

**3500 NW 97 Blvd**

3. Mailing Address

**3500 NW 97 Blvd.**

Suite, Apt. #, etc.

**A**

Suite, Apt. #, etc.

**A.**

City & State

**Gainesville, Florida**

City & State

**Gainesville, Florida**

Zip

**32606**

Country

**USA**

Zip

**32606**

Country

**USA**

06012007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**59-3339227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SONTAG, SANDRA H**  
**3700 N.W. 91ST STREET, A-100**  
**GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$900.00**

**On or after September 14, 2007, Fee will be \$1000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000074667**  
NAME **THIRTY-NINTH AVENUE, INC.**  
STREET ADDRESS **3700 N.W. 91ST STREET, A-100**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*Oscar E. Haufler*

**OSCAR E. HAUFLE** **Res. 6/1/07**

**352-331-3396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED  
07 JUN 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

