



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. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 29 AM 9:28	
1. Name of Limited Partnership		1a. DOCUMENT # A95000001587			
THE COLLEGE PARK APARTMENTS OF GAINESVILLE LIMITED PARTNERSHIP					
Mailing Address P.O. BOX 13118 GAINESVILLE FL 32604		Principal Office Address 105 NW 16TH ST. GAINESVILLE FL 32603		3. Date Formed or Registered 10/19/1995	
2. Mailing Address		2a. Principal Office Address 220 N. Main St.		3a. Date of Last Report 12/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3349300	
Zip		Country		7. Certificate of Status Desired X \$8.75 Additional Fee Required	
32601		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent COLLIER, NATHAN S 105 N.W. 16TH STREET GAINESVILLE FL 32603		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 220 N. Main Street Suite, Apt. #, etc. City FL Zip Code 32601			
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 _____					
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	
COLLEGE PARK APARTMENTS OF G		1620 W. UNIVERSITY AV 220 N. Main St.		GAINESVILLE FL 32603 32601	
				200002749872--2 -01/21/99--01074--022 ****\$35.00 ****\$35.00	
				P97000016639	
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 11/23/98					
Typed or Printed Name of General Partner Signing Form Nathan S. Collier, pres. Daytime Telephone Number 352/375-2152					
College Park Apartments of Gainesville, Inc.					

CR2E003 (8/98)