

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000478

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** PINETREE GARDENS APARTMENTS OF GAINESVILLE, LTD.

**Current Principal Place of Business:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13116  
GAINESVILLE, FL 32604

**New Mailing Address:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601

**FEI Number:** 59-3368358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P03000144635  
Name: PINETREE GARDENS APARTMENTS GP, INC.  
Address: 220 N. MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32601

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATHAN S. COLLIER, PRES OF GP

PD

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date