

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000512

1. Entity Name
MADISON COVE OF GAINESVILLE LTD.



Principal Place of Business
**20721 S.W. 46TH AVE.
NEWBERRY, FL 32669**

Mailing Address
**20721 S.W. 46TH AVE.
NEWBERRY, FL 32669**



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3367690

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

**DO NOT WRITE
IN THIS SPACE**

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

DATE
11/17/06-80020-003 508.75

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BROWN, LEWIS JR.
4020 NEWBERRY ROAD, SUITE 500
GAINESVILLE, FL 326025068**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**DAVIS, STEFAN M
20721 S.W. 46TH AVENUE
NEWBERRY, FL 32669**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Partner 1/4/06 352-472-3952

Date

Daytime Phone #

STAPLE CHECK HERE