

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



06012007 Chg-LP CR2E003 (12/06)

DOCUMENT # A96000000607

1. Entity Name
 SANTA FE TRACE APARTMENTS, LTD.



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

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

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

3310 NW 91st Street #203

3. Mailing Address

3500 NW 97 Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State
 Gainesville, Florida

City & State
 Gainesville, Florida

Zip
 32606

Country
 USA

Zip
 32606

Country
 USA

4. FEI Number
 59-3369088

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, SUITE 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, SUITE 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. Haufler, Pres. 6/1/07 352-331-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE