

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:43

<b>DOCUMENT # A96000000607</b> 1. Entity Name SANTA FE TRACE APARTMENTS, LTD.					
Principal Place of Business 3310 N.W. 91ST STREET, #26B GAINESVILLE, FL 32606			Mailing Address 3500 NW 97 BLVD A GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3369088	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <u>SONTAG, SANDRA H</u> Street Address (P.O. Box Number is Not Acceptable) <u>3500 NW 97 BLVD, SUITE A</u> City <u>GAINESVILLE</u> FL Zip Code <u>32608</u>	
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 <u>SANDRA H. SONTAG</u> <span style="float: right;">DATE <u>4/21/08</u></span> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000074667		STREET ADDRESS	<u>999125593899</u>	
NAME	THIRTY-NINTH AVENUE, INC.		CITY-ST-ZIP	<u>04/24/08--01044--015 **500.00</u>	
STREET ADDRESS	3700 N.W. 91ST STREET, SUITE A-100				
CITY-ST-ZIP	GAINESVILLE, FL 32606				
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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: <u>OSCAR E. HAUFLE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <u>4/21/08</u> DAYTIME PHONE # <u>352-331-3396</u>		

STAPLE CHECK HERE