FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT **TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998



THE GABLES APARTMENTS OF GAINESVILLE, LTD.

Q. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Mailing Address

SUITE A

6110 N.W. 1ST PLACE

GAINESVILLE FL 32607

2. Malling Address

Suite, Apt. #, etc.

City & State

Zip

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DOCUMENT # A96000000861

Principal Office Address

6110 N.W. 1ST PLACE

GAINESVILLE FL 32607

Suite, Apt. #, etc.

City & State

Zip

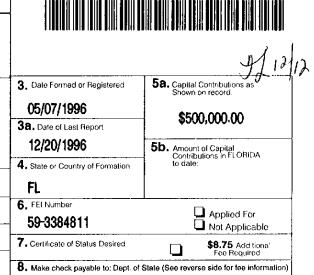
2a. Principal Office Address

SUITE A

Total Land

97 DEC | 1 AM 9: 50

TALLAHASSEE. FLORIDA



	Name
RAZIER, ROBERT H III 110 N.W. 1ST PLACE IAINESVILLE FL 32607	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc. 4000023760040
	City -12/17/97 - 81121 - 025 ****541.25L ****541.25

Country

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 horoby accept the appointment of registered agent. I am familiar with, and accept the obligations of socion 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Country

10. If changed, new Registered Agent/Office

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. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Decument Number	
SHEY ASSOCIATES, INC.	6110 N.W. 1ST PLACE STE. A	GAINESVILLE FL 32607	346029	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 Statutos. 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 path. I further certify that I am a General Parlner of the limited partnership, receiver or trustee report as required by chapter 620, Florida Statutes

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Typed or Printed Name of General Partner Signing

Shaltz Tleasurer

Daylime Telephone Number 352 331 1665