

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 10:13

DOCUMENT # A96000002028

1. Entity Name
BOARDWALK OF ALAFAYA TRAIL, LTD.



Principal Place of Business
**3600 NW 43RD STREET, D-4
GAINESVILLE, FL 32606**

Mailing Address
**3600 NW 43RD STREET, D-4
GAINESVILLE, FL 32606**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02042005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3406932

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KISSEL, WALDEMAR F JR
2630 N.W. 41ST STREET, SUITE C-1
GAINESVILLE, FL 32605**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **10,500.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000089557 BROADWALK AT ALAFAYA TRAIL, INC. 3600 NW 43RD STREET, D-4 GAINESVILLE, FL 32606	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Waldemar F Kissel Jr* **WALDEMAR F KISSEL JR.** **352-373-3999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #