

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

**DOCUMENT # A97000000148**

1. Entity Name  
**GREEN GABLES APARTMENTS, LTD.**



Principal Place of Business  
**11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

Mailing Address  
**11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

**FILED**  
**08 APR 14 PM 12:00**  
**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-3428714**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, JOHN M  
 11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

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 \$500.00  
 After May 1, 2008, Fee will be \$900.00**

**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

**CURTIS, JOHN M  
 11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

STREET ADDRESS  
 CITY- ST- ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

**CURTIS, GAIL W  
 11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

STREET ADDRESS  
 CITY- ST- ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

**SCOTT, STEVE W  
 11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

STREET ADDRESS  
 CITY- ST- ZIP

**900123593469  
 04/16/08--01006--002 \*\*508.75**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

STREET ADDRESS  
 CITY- ST- ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

STREET ADDRESS  
 CITY- ST- ZIP

DOCUMENT #  
 NAME  
 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:

**John M. Curtis  
 General Partner**

**4/1/2008**

**352-332-0840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE