

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000887**

1. Entity Name  
**NORTHWEST PROPERTIES OF GAINESVILLE LIMITED PARTNERSHIP**



Principal Place of Business  
**220 N. MAIN STREET  
GAINESVILLE, FL 32601**

Mailing Address  
**P.O. BOX 13116  
GAINESVILLE, FL 32604**



04062006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3441729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006, 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**

DOCUMENT # **P97000035890**  
NAME **NORTHWEST PROPERTIES OF GAINESVILLE, INC.**  
STREET ADDRESS **220 N. MAIN STREET**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

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**000000533636  
05/06/06-80131-016 500.00**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Nathan S. Collier  
PRES OF GP**

**4/24/06**

Date

Daytime Phone #

**352-375-2152**

STAPLE CHECK HERE