


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

DOCUMENT # A97000001891	
1. Entity Name TIVOLI ASSOCIATES, LTD. OF GAINESVILLE	

Principal Place of Business 2801 S.W. ARCHER ROAD GAINESVILLE, FL 32608	Mailing Address 2801 S.W. ARCHER ROAD GAINESVILLE, FL 32608
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01252006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3454119	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EMMER, PHILIP I 2801 S.W. ARCHER ROAD GAINESVILLE, FL 32608	7. Name and Address of New Registered Agent Name MCGRIFF, LORI E Street Address (P.O. Box Number is Not Acceptable) 2801 SW ARCHER ROAD City GAINESVILLE FL Zip Code 32608
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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 *Lori McGriff* DATE _____
Signature, typed or printed name of registered agent and title, if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000041865	STREET ADDRESS	
NAME	THE TIVOLI 2900 CORP.	CITY - ST - ZIP	
STREET ADDRESS	2801 S.W. ARCHER ROAD		
CITY - ST - ZIP	GAINESVILLE, FL 32608		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

100069077511
 03/31/06--01005--019 **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: *Lori McGriff* DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE