2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

1. Entity Name

ASPEN RIDGE OF GAINESVILLE LTD.



FILED

04 JUL 19 PH 1: 37

SETTAL AND REFLORIDA

WJH

DOCUMENT # A98000001966

Principal Place of Busin	es
20721 S.W. 46TH AVE	:
NEWBERRY, FL 32669)
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,	21
2 Principal Place of Bu	eir

Mailing Address

20721 S.W. 46TH AVE. NEWBERRY, FL 32669

	lace of Business 25 SW 4Lth Ave	3. Mailing Address	41th Ave				
Suite, Apt.		Suite, Apt. #, etc.	HOW THE	07152004	Chg-LP	CR2E003 (10/03) 7 19	
City & State	serry FL	Newberry	FL	4. FEI Number 62-17516	302	Applied for Not Applicable	
3266	9 Country US	32669	Country	5. Certificate of		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent				
DAVIS, NO	PRITA V		Name S+C	fan M	ival.	······	
20721 SW 46TH AVENUE NEWBERRY, FL 32669			Street Address (P.O. Box Number is Not Acceptable)				
	1		City	berry		FL Zpcode 9	
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 A	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable.						
9. Capital Contributions \$100.00 as Shown on record. \$100.00 in FLORIDA to date					5	55090	
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	R INFORMATION	13.		ADDRESS CH	ANGES ONLY	
- DOCUMENT # - NAME	G72943 EARTHART, INCORPORATED		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT / NAME	1		STREET ADDRESS	F1F11	nnees	eccio	
STREET ADORESS - CITY-ST-ZIP	f .		CITY-ST-ZIP	08/04/0	0401030	015 ***550.00	
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STREET ADDRESS CITY-ST-ZIP	4 5		CITY-ST-ZIP				
DOCUMENT#			STREET ADDRESS			•	

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP
DOCUMENT #

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/19/04 (352)472-7773

Tylate Daylime Phone #