

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 10:48

DOCUMENT # A98000001966

1. Entity Name
ASPEN RIDGE OF GAINESVILLE LTD.



Principal Place of Business
20725 SW 46TH AVE.
NEWBERRY, FL 32669

Mailing Address
20725 SW 46TH AVE.
NEWBERRY, FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005 Chg-LP CR2E003 (10/03)

4. FEI Number
62-1751602

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

DAVIS, STEFAN M
20725 SW 46TH AVE.
NEWBERRY, FL 32669

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

9. Capital Contributions
as Shown on record, \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # G72943
NAME EARTHART, INCORPORATED
STREET ADDRESS 20725 SW 46TH AVE
CITY-ST-ZIP NEWBERRY, FL 32669

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

588858833585
04/06/05--01055--017 **141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stefan M Davis

3-2-05

Date

Daytime Phone #

352-412-7773

STAPLE CHECK HERE