


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002480</b> 1. Entity Name <b>GEORGETOWN APARTMENTS LIMITED</b>	
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<b>Principal Place of Business</b> 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653	<b>Mailing Address</b> 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01232004 Chg-LP CR2E003 (10/03)

<b>4. FEI Number</b> 59-3559656	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
CRUTCHER, KEITH A 2040 NW 67TH PLACE GAINESVILLE, FL 32653	
<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable

<b>9. Capital Contributions as Shown on record</b> \$874,273.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 451,717.13
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**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	
<b>DOCUMENT #</b>	M64592	<b>STREET ADDRESS</b>	
<b>NAME</b>	INTERGROUP TECHNOLOGIES INCORPORATED	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	2040 N.W. 67TH PLACE		
<b>CITY-ST-ZIP</b>	GAINESVILLE, FL 32653		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	U00000146213
<b>NAME</b>		<b>CITY-ST-ZIP</b>	05/03/04-80052-024 526.25
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:**  **Keith A. Crutcher** **4/12/03** **352/376-4939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE