2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A98000002480

1. Entity Name

GEORGETOWN APARTMENTS LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10: 47

Principal Place of Business

2040 N.W. 67TH PLACE GAINESVILLE, FL 32653

Mailing Address

2040 N.W. 67TH PLACE GAINESVILLE, FL 32653



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3559656

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUTCHER, KEITH A 2040 NW 67TH PLACE GAINESVILLE, FL 32653

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.

1	NOTE. General Partners MAT NOT be changed on the			
	12.	GENERAL PARTNER INFORMATION		
	00CUMENT #	M64592		
	NAME STREET ADDRESS	INTERGROUP TECHNOLOGIES INCORPORATED 2040 N.W. 67TH PLACE		
	CITY-ST-ZIP	GAINESVILLE, FL 32653		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
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	DOCUMENT #			

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DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME #
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true find a Courate 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

rutcher 3

(352)37649

Daytime Phone #