

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 07, 2008 08:00 A
Secretary of State**

DOCUMENT # A98000002480
1. Entity Name
MALLORY SQUARE APARTMENTS LIMITED



Principal Place of Business 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653	Mailing Address 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3559656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #	M64592
NAME	INTERGROUP TECHNOLOGIES INCORPORATED
STREET ADDRESS	2040 N.W. 67TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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03/25/08-80007-011 500.00

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STAPLE CHECK HERE

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: G.T. Mallen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____