

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:38

DOCUMENT # B98000000185

1. Entity Name

GAINESVILLE PROPERTIES, L.P.



Principal Place of Business

30 OLD RUDNICK LANE, SUITE 100
DOVER DE 19901

Mailing Address

745 5TH AVENUE
SUITE 1514
NEW YORK NY 10151

2. Principal Place of Business - No P.O. Box #

13400 PROGRESS
BLVD.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/07)

City & State

ATACHUA, FLORIDA

City & State

Zip

32615

Country

USA

Country

4. FEI Number

65-0823935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 of registered agent or printed name of registered agent and title if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # F98000001749
NAME GAINESVILLE PROPERTIES, INC.
STREET ADDRESS 745 FIFTH AVENUE, SUITE 1514
CITY-ST-ZIP NEW YORK NY 10151

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700120718447
03/19/08--01015--007 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RICHARD FELDMAN 2-11-08

Date

(212)
355-2825
Daytime Phone #

STAPLE CHECK HERE