

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 28 AM 9:02



BTC 10/24/97

1. Name of Limited Partnership **1a. DOCUMENT #**
A28915

4400 UNIVERSITY LIMITED PARTNERSHIP

Mailing Address **Principal Office Address**
2295 CORPORATE BLVD. NW, STE. 125
BOCA RATON FL 33431
% SUN MANAGEMENT
1700 YORK AVE., SUITE 1
MEW YORK NY 10128

3. Date Formed or Registered
09/18/1989
5a. Capital Contributions as Shown on record.
\$3,300,000.00

3a. Date of Last Report
12/18/1996
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address **2a. Principal Office Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.
301 Fields Lane

4. State or Country of Formation
FL
6. FEI Number
13-3538529 Applied For Not Applicable

City & State
City & State
Brewster, NY

7. Certificate of Status Desired \$8.75 Additional Fee Required

Zip **Country** **Zip** **Country**
10509-9808 USA

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
SEVELL, ARNOLD
% SEVELL & DUNCAN REALTY SERVICES INC.
2295 CORPORATE BLVD., NW, STE 125
BOCA RATON FL 33431

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
DROGIN, GERALD K.	RD#3, Box 443 C, LANE GATE RD. %990 EAST 59TH STREET	Cold Spring, NY 10516 NEW YORK NY	
DAVIS, BARRY M.	1700 YORK AVE. 301 Fields Ln	NEW YORK NY Brewster NY 10509	
GAMAR, PETER D.	1700 YORK AVE. 301 Fields Ln	NEW YORK NY Brewster N.Y. 10509	600002349776- - 5 -11/17/97--01163--005 ****541.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE 10-22-97

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)