


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A28915

1. Entity Name
4400 UNIVERSITY LIMITED PARTNERSHIP



Principal Place of Business
**16 MT. EBO ROAD SOUTH, STE. 22
 BREWSTER, NY 10509**

Mailing Address
**2295 CORPORATE BLVD. NW, #131
 C/O SEVELL REALTY PARTNERS, INC.
 BOCA RATON, FL 33431**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3538529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEVELL, ARNOLD
 % SEVELL REALTY PARTNERS, INC.
 2295 CORPORATE BLVD., NW, #131
 BOCA RATON, FL 33431**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$3,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
DOCUMENT #	NAME	STREET ADDRESS	
	DAVIS, BARRY M.		
STREET ADDRESS	16 MT. EBO ROAD SOUTH, STE. 22	CITY - ST - ZIP	
CITY - ST - ZIP	BREWSTER, NY 10509		
DOCUMENT #	NAME	STREET ADDRESS	
	GAMAR, PETER D.		
STREET ADDRESS	16 MT. EBO ROAD SOUTH, STE. 22	CITY - ST - ZIP	
CITY - ST - ZIP	BREWSTER, NY 10509		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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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: _____ **4-8-04** **845-278-2822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #