FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -6 PM 4:11

1. Name of Limited Partnership

1a. DOCUMENT # A98000000501

UNIVERSITY FLETCHER WOODS, LTD.

Mailing Address	Principal Office Address
C/O NATIONSBANK COMMUNITY DEVELOPMENT CORP 400 NORTH ASHLEY DRIVE. SECOND FLOOR TAMPA FL 33602	C/O NATIONSBANK COMMUNITY DEVELOPMENT CORP 400 NORTH ASHLEY DRIVE. SECOND FLOOR TAMPA FL 33602

3. Date Formed or Registered: 02/24/1998

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. 401 N TRYON ST NC1-021-03-09
CHARLOTTE NC 28255

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

City & State

Zip Country

6. FEI Number ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

100002658181--8
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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
UNIVERSITY FLETCHER WOODS, I	400 NORTH ASHLEY DRIV	TAMPA FL 33602	P98000017761

CR2E003 (8/98)

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 Gary S. Williams DATE 9-21-98

Typed or Printed Name of General Partner Signing Form Gary S. Williams Daytime Telephone Number 704-386-5956