

**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	
1. Name of Limited Partnership		1a. DOCUMENT # A98000000501			

UNIVERSITY FLETCHER WOODS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT -6 PM 4:11



Mailing Address C/O NATIONSBANK COMMUNITY DEVELOPMENT CORP 400 NORTH ASHLEY DRIVE. SECOND FLOOR TAMPA FL 33602		Principal Office Address C/O NATIONSBANK COMMUNITY DEVELOPMENT CORP 400 NORTH ASHLEY DRIVE. SECOND FLOOR TAMPA FL 33602		3. Date Formed or Registered 02/24/1998		5a. Capital Contributions as Shown on record. \$1,000.00	
				3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
2 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28265		2a. Principal Office Address		4. State or Country of Formation FL		☒ Applied For ☐ Not Applicable	
S		Suite, Apt. #, etc.		6. FEI Number		7. Certificate of Status Desired	
City & State		City & State		***141.25 ***141.25		☐ \$8.75 Additional Fee Required	
Zip		Zip		Country		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) 100002658181--8	
		Suite, Apt. #, etc. 10/07/98-01090-022	
		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

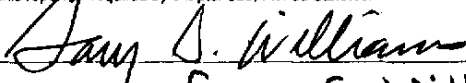
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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

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

9-21-98

Typed or Printed Name of General Partner Signing Form

Gary S. Williams

Daytime Telephone Number

704-386-5956

CR2E003 (8/98)