2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0000001501

1. Entity Name

UNIVERSITY COMMONS OFFICE CENTER, LTD.



Principal Place of Business

1900 W. COMMERCIAL BLVD., STE 200 FT LAUDERDALE, FL 33309

Mailing Address

1900 W. COMMERCIAL BLVD., STE 200 FT LAUDERDALE, FL 33309

FILED May 01, 2007 08:00 A Secretary of State



04232007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number
	65-1041141

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J 500 EAST BROWARD BLVD., STE 1950 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent. 	n, in the State of Florida I am familiar with, and accept
SIGNATURE	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	

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.

Arts Onson nems	12.	GENERAL PARTNER INFORMATION
	DOCUMENT #	P00000082067
	NAME	KEENAN SARASOTA, INC.
	STREET ADDRESS	1900 W. COMMERCIAL BLVD., STE 200
	CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
	DOCUMENT #	P00000085683
	NAME	KEISER SARASOTA, INC.
	STREET ADDRESS	1900 W. COMMERCIAL BLVD. SUITE 175
	CITY-ST-ZIP	FT LAUDERDALE, FL 33309
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME	
	STREET ADDRESS	
	CITY-ST-7IP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
۲ ا		

U00000752928 05/21/07-80037-019 500.00

DO NOT WRITE IN THIS SPACE

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

EDIAL SARASO*

IDIC**

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED HAME SIG

04-24-2003

754-776-622

Date

Daytime Phone i