


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

526.25

<b>DOCUMENT # A00864</b>			
1. Entity Name <b>ATLANTIC INVESTORS OF MIAMI, LTD.</b>			
Principal Place of Business <b>701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131</b>		Mailing Address <b>701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131</b>	
2. Principal Place of Business <b>703 Waterford Way</b>		3. Mailing Address <b>703 Waterford Way</b>	
Suite, Apt. #, etc. <b>Suite 800</b>		Suite, Apt. #, etc. <b>Suite 800</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33126</b>	Country	Zip <b>33126</b>	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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MOORE CR2E003 (11/03)

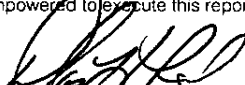
4. FEI Number <b>59-1031094</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PITTS, W. DOUGLAS 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>703 Waterford Way</b> <b>Suite 800</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$72,587.48</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			

**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 # <b>361025</b>	NAME <b>UNIVERSITY LAKES, INC.</b>	STREET ADDRESS <b>703 Waterford Way, Suite 800</b>	
STREET ADDRESS <b>701 BRICKELL AVE. S-1400</b>		CITY-ST-ZIP <b>Miami, FL 33126</b>	
CITY-ST-ZIP <b>MIAMI FL</b>			
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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:**  **Douglas H Priddy, Treasurer** **3/3/04** **305-261-4330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE