


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

*526.25*

**FILED**

**Apr 26, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A00864**  
1. Entity Name  
ATLANTIC INVESTORS OF MIAMI, LTD.



Principal Place of Business: 703 WATERFORD WAY, STE. 800, MIAMI FL 33126  
Mailing Address: 703 WATERFORD WAY, STE. 800, MIAMI FL 33126

2. Principal Place of Business: Suite, Apt #, etc.  
3. Mailing Address: Suite, Apt #, etc.

City & State: Zip Country  
City & State: Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  
PITTS, W. DOUGLAS  
703 WATERFORD WAY  
STE. 800  
MIAMI FL 33126

4. FEI Number: 59-1031094  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record: \$72,587.48  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**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

DOCUMENT #	361025
NAME	UNIVERSITY LAKES, INC.
STREET ADDRESS	703 WATERFORD WAY, STE. 800
CITY-ST-ZIP	MIAMI FL 33126
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	000000331536 04/26/05-80020-006 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Douglas H. Pridge* 4/4/5 305-261-4370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE