2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED DOCUMENT # A02000001436 Mar 22, 2006 08:00 AN 1. Entity Name **Secretary of State** UNIVERSITY BUILDING PARTNERS, LTD. Principal Place of Business Mailing Address 7061 CYPRESS ROAD 7061 CYPRESS ROAD SUITE 104 SUITE 104 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 54-2079176 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BURRIER, VICTORIA A Street Address (P.O. Box Number is Not Acceptable) 7061 CYPRESS ROAD SUITE 104 PLANTATION FL 33317 City 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 Signature: typed or printed name of registered agent and tillo if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # L05000047340 STREET ADDRESS NAME 7950 UNIVERSITY, LLC STREET ADDRESS 7061 CYPRESS ROAD, SUITE 104 U00000476600 <u>04706706-80017-006</u>-500-00 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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