

1998  
Annual Report  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG -3 PM 3:44

DOCUMENT # A--02969

1. Name of Limited Partnership  
University Shoppes and Offices, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
7837 W. Sample Road

3. Principal Office Address  
7837 W. Sample Road

4. Date Formed or Registered  
To Do Business in Florida April 16, 1974

Suite, Apt. #, etc.  
Suite 111

Suite, Apt. #, etc.  
Suite 111

5. FEI Number  
59-1595438

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL.

6. CERTIFICATE OF STATUS DESIRED  \$1.75 Additional Fee required for a Certificate of Status

Zip Country  
33065 Broward

Zip Country  
33065 Broward

7. State or Country of Formation  
Florida

8a. Capital Contributions as Shown  
on Record  
\$10,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$68.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributions in  
FLORIDA to date  
\$10,000.00

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Geoffrey Cipes  
7837 W. Sample Road  
Coral Springs, FL 33065

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc.  
City

FL *[Signature]*

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. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Geoffrey Cipes	7837 W. Sample Rd. office # 111	Coral Springs, FL 33065	100002608671--9 -08/05/98--01120--001 AR ***1008.75 ***1008.75 Supp. \$ 443.75 Adm \$ 206.25 Cert \$ 8.75

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 *[Signature]* Gen. Partner DATE 7-27-98

Typed or Printed Name of General Partner Signing Form Geoffrey Cipes Telephone Number 954-753-0486

CR2E039 (12/97)

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LAW OFFICES  
**S. HOWARD ORNER, P.A.**  
A PROFESSIONAL ASSOCIATION  
ATTORNEY AND COUNSELOR AT LAW  
MERRILL LYNCH TOWER  
2855 UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS, FLORIDA 33065  
TELEPHONE (954) 752-1774  
FACSIMILE (954) 752-0448

July 27, 1998

Florida Department of State  
Division of Corporations  
Attn: Partnership Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: University Shoppes and Offices, Ltd./Application for  
Reinstatement for Limited Partnership

Dear Sir/Madam:

The undersigned law firm represents University Shoppes and  
Offices, Ltd., with respect to the above referenced matter.

Enclosed herewith, please find the application for  
reinstatement for limited partnership for University Shoppes and  
Offices, Ltd., document number A-02969.

Please be advised that University Shoppes and Offices, Ltd.,  
never received any notice of the Department of State's intention to  
revoke said limited partnerships authority to transact business in  
Florida, nor was a copy of the certificate of revocation every  
received. Therefore, University Shoppes and Offices, Ltd.,  
respectfully request that the Department of State abate the fine of  
Five Hundred Dollars (\$500.00) for each year during which said  
limited partnerships authority was revoked.

Accordingly, enclosed herewith, please find our client's check  
in the amount One Thousand Eight Dollars and Seventy Five Cents  
(\$1,008.75) representing:

1. Three Hundred Fifty Dollars (\$350.00) for the annual  
report fees for 1994, 1995, 1996, 1997 and 1998.

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Florida Department of State  
July 27, 1998  
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2. Five Hundred Fifty Five Dollars (\$555.00) for the supplemental fees for 1994, 1995, 1996, and 1997.
3. One Hundred Three Dollars and Seventy Five Dollars (\$103.75) for the supplement fee for 1998.

Should you have any questions or comments concerning the foregoing, please do not hesitate to contact the undersigned.

Very truly yours,

S. HOWARD ORNER, P.A.

By: 

S. Howard Orner, Esq.  
For the firm

SHO:cw  
Enclosure  
cc: Mr. Geoffrey Cipes, General Partner  
University Shoppes and Offices, Ltd.

Howard/cipes/Dept.fla