


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 APR 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02969	
1. Entity Name UNIVERSITY SHOPPES AND OFFICES LTD.	

Principal Place of Business 9541 N.W. 42ND COURT CORAL SPRINGS, FL 33065	Mailing Address 9541 N.W. 42ND COURT CORAL SPRINGS, FL 33065
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1595438	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



02072005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent CIPES, GEOFFREY GEN PAR 9541 NW 42 CT CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	CIPES, GEOFFREY	STREET ADDRESS	
NAME	9541 N.W. 42ND COURT	CITY - ST - ZIP	
STREET ADDRESS	CORAL SPRINGS, FL 33065		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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: Geoffrey Cipes Gen. Par. **4-1-05** **954-753-7860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #