

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 PM 9:20

1. Name of Limited Partnership	1a DOCUMENT # A03315
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UNIVERSITY PLAZA APARTMENTS LIMITED

Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205		Principal Office Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205		3. Date Formed or Registered 12/08/1972	5a. Capital Contributions as Shown on record \$247,987.00
2. Mailing Address		2a. Principal Office Address		3a 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. 59-1425199	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code
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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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
WALTON, WILLIAM H., JR.	3811 MCGIRTS BLVD.	JACKSONVILLE FL	100002039581--9 -12/27/96--01073--021 *****576.25 *****576.25
WEED, JOSEPH D., JR.	4334 MCGIRTS BLVD.	JACKSONVILLE FL	
CONRAD, JOSEPH E.	7377 HALLCREST DRIVE	MCLEAN VA	
WALTON WEED CONRAD & ASS	1199 EDGEWOOD AVE SO	JACKSONVILLE FL	

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 _____
Typed or Printed Name of General Partner Signing Form **JERRY R. CRAVEY**

DATE **12-2-96**
Daytime Telephone Number **904-388-2225**

CR2E003 (6/96)