

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 22 AM 9:13

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1. Name of Limited Partnership	1a. DOCUMENT # <b>A03315</b>
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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. Date of Last Report  12/15/1997	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. FEI Number  59-1425199	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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	379127 300002735719-4 -01/08/99-01124-003 ****526.25 ****526.25
WEED, JOSEPH D., JR.	4334 MCGIRTS BLVD.	JACKSONVILLE FL	
CONRAD, JOSEPH E.	7377 HALLCREST DRIVE	MCLEAN VA	
WWCA INC.	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 *W. H. Walton Jr.* DATE *12/18/98*  
Typed or Printed Name of General Partner Signing Form *W. H. Walton Jr.* Daytime Telephone Number *904-388-2225*

CR2E003 (8/98)