


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03315**

1. Entity Name  
**UNIVERSITY PLAZA APARTMENTS LIMITED**




Principal Place of Business      Mailing Address  
**4000 B ST. JOHNS AVE.**      **4000 B ST. JOHNS AVE.**  
**STE 22**      **STE 22**  
**JACKSONVILLE, FL 32205**      **JACKSONVILLE, FL 32205**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02242004    Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**59-1425199**      Not Applicable

5. Certificate of Status Desired          **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRAVEY, JERRY R.**  
**4000 B ST. JOHNS AVE.**  
**STE 22**  
**JACKSONVILLE, FL 32205**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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.      **\$247,987.00**      10. Amount of Capital Contributions in FLORIDA to date.

**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 #		STREET ADDRESS	
NAME	<b>WALTON, WILLIAM H., JR.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3811 MCGIRTS BLVD.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>WEED, JOSEPH D., JR.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4334 MCGIRTS BLVD.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		
DOCUMENT #	<b>379127</b>	STREET ADDRESS	
NAME	<b>WWCA INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1199 EDGEWOOD AVE SO</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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04/06/04-30003-004 526.25

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

STAPLE CHECK HERE

SIGNATURE: *W. H. Walton, Jr.*      3-19-04      904-388-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #