



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

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

| | | | | | | | |
|---|--|--|---|--|--|-----------|----------|
| DOCUMENT # A03315 | | | |  | | | |
| 1. Entity Name UNIVERSITY PLAZA APARTMENTS LIMITED | | | | | | | |
| Principal Place of Business 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205 | | | Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  01242005 Chg-LP CR2E003 (10/03) | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | | | |
| City & State | | City & State | | | | | |
| 4. FCI Number 59-1425199 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | | Country | | Zip | | | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205 | | | 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: _____ | | | | | | | |
| 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 # | NAME | | STREET ADDRESS | | | | |
| | WALTON, WILLIAM H., JR. | | | | | | |
| STREET ADDRESS | 3811 MCGIRTS BLVD. | | CITY- ST- ZIP | | | | |
| CITY- ST- ZIP | JACKSONVILLE, FL | | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | | | |
| | WEED, JOSEPH D., JR. | | | | | | |
| STREET ADDRESS | 4334 MCGIRTS BLVD. | | CITY- ST- ZIP | | | | |
| CITY- ST- ZIP | JACKSONVILLE, FL | | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | | | |
| | 379127 | | | | | | |
| STREET ADDRESS | WWCA INC. | | U00000346152 04/30/05-80063-025 526.25 | | | | |
| CITY- ST- ZIP | 1199 EDGEWOOD AVE SO JACKSONVILLE, FL | | CITY- ST- ZIP | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | | | |
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| STREET ADDRESS | | | CITY- ST- ZIP | | | | |
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| STREET ADDRESS | | | CITY- ST- ZIP | | | | |
| CITY- ST- ZIP | | | | | | | |
| 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. | | | | | | | |
| SIGNATURE: <i>W.H. Walter Jr.</i> | | 42105 | | 904-588-2225 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | | | |

STAPLE CHECK HERE