


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

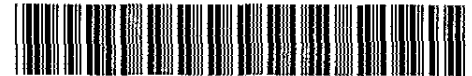
DUE BY MAY 1, 2006

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000002302	
1. Entity Name M&H UNIVERSITY SHOPPES, LLLP	

Principal Place of Business 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRICE, PAMELA O 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801

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 _____ Signature typed or printed name of registered agent and title if applicable **DATE** _____

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
STREET ADDRESS	KATZEN, MARC	CITY - ST - ZIP	
CITY - ST - ZIP	1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	KATZEN, HENRIETTA	CITY - ST - ZIP	
CITY - ST - ZIP	1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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05/02/06-80139-021 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #