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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

350 UNIVERSITY ASSOCIATES, LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A07502

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 31 PH 2: 23

121/8



P. O. BOX 8649 320 N. MAIN ST., SUITE 200 321 Date of Last Report O1/03/1996 4. State or Country of Formation FL 3,270,281.00 5b. Amount of Capital Contributions in FLORIDA to date: 3,270,281.00 5b. Amount of Capital Contributions in FLORIDA to date: 3,270,281.00 4. State or Country of Formation FL Suite, Apt. #, etc. 6. FET Number 38-2835630 Applied For Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required						
38. Dear of a strapper O1/03/3 1996 29. Maring Address 28. Principal Office Address 28. Principal Office Address PL 3, 27 0, 281. 00 Application For PLOTED Not Address FL 3, 27 0, 281. 00 Application For PLOTED Not Address FL 3, 27 0, 281. 00 Application For PLOTED Not Address FL 4. State of Correy of Formation The State Office Address FL 3, 27 0, 281. 00 Application For PLOTED Not Address FL 4. State of Correy of Formation The State Office Address FL 3, 27 0, 281. 00 Application For Not Address of Corrent Registered Agent To Contrate of States Deared For Registered Formation Format		9649 P. O. BOX 9649			\$3,270,281.00 5b. Amount of Capital	
28. Principal Office Address 28. Principal Office Address 5. Suite, April #, etc. 5. Suite, April #, etc. 5. Suite, April #, etc. 6. Filt Number 38-2835630 Applied for New Application City & State 7. Contector of Status Debted 5. \$8.75 Address of State Debted 5. \$)			
City & State To Country Country To Co	2. Mailing Address	2a. Principal Office Address			to date:	
To Country To Cou	Suile, Apt #, etc	Suite, Apt. #, etc.		0.		
8. Make clack payable to Dept. of State (See reverse side for the element) 9. Name and Address of Current Registered Apent 10. If changed, now Registered ApentOffice CARY KALETIA LONDES, DROSDICK, DOSTER, KAMTOR & REED 215 N. EOLA DR. ORLANDO FL 32802-2809 Dress Address (FO. How Number to Not Acceptable) Dress Address (FO. How Number to	City & State	, in the second		7. Certificate of Status Desired	\$8.75 Additional	
CARY KALETIA LOMDES, DROSDICK, DOSTER, KAMTOR & REED 215 N. EOLA DR. ORLANDO FL 32802-2809 Disputable in the processors of sections CPD 1821 and 120 192, Flor dis Statutes, the above named limited partnership organized or registered under the laws of limits the site internation to the purpose of changing to registered office or registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the despitations of section CPD 192, Flor dis Statutes, the above named limited partnership organized or registered under the laws of limits State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agont of both and its State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agont of the internation agont of the appointment of registered agont for the laws of limits State of Florida Such change was authorized by its general partner(s). 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) MCKINLEY ASSOCIATES, INC 320 NORTH MAIN ST. #2 ANN ARBOR MI P18494 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido hereby certify test the efernations applied with this file is substantially furnished and does not qualify for the exemption state in Section 119 07(9)), Feridis Statutes. I revenue the Deletion of Corporation from public access I furnishe certify that the information indicated of the intended report as required by chapter of this change is ordered as an add under oath I further corply that I am a General Partner of the intended partnership, receiver or tool empowered to exclude this report as required by chapter of this change is affected. Solid	Zip Country	Zip	Σ φ Country		8. Make check payable to Dept. of State (See reverse side for fee information)	
GATY KALETIA LONDES, DROSDICK, DOSTER, KAMTOR & REED 215 N. EOLA DR. ORLANDO FL 32802-28099 Surio. Apt #, etc. City ***********************************	9, Name and Address of Cu					
ORLANDO FL 32802-2809 City ******E76.25 The provisions of sections 620 1031 and 620 192, Florida Statutes, the above named finited partnership organized or registered under the laws of this State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered office or ring state of Florida Statutes. SIGNATURE: City ************************************	LOMDES, DROSDICK, DOSTER, KAMT					
108. Pursuant in the provisions of sections C20 (85) and (20) 192. Flor dia Statutes, the above named limited partnership organized or registered under the laws of line State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registere agent. I am familiar with, and accept the obligations of section (20 192. Florida Statutes.) 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). 118. (b) NOT Use Post Office Box Numbers). MCKINLEY ASSOCIATES, INC. 320 NORTH MAIN ST. #2 ANN ARBOR MI. P18494 WEISER, RONALD N. 320 NORTH MAIN ST. #2 ANN ARBOR MI. P18494 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Corporations from any inability of non-compliance with School in 150 (75)(5) in the compliance with School in 150 (75)(5) in the compliance with School in 150 (75)(5) in the compliance report is true and accente and that my signature ball how the same legal effects as it made under oath. Further corely that it an an General Partner of the Interfer o	•	-01/03/3701093019				
MCKINLEY ASSOCIATES, INC 320 NORTH MAIN ST. #2 ANN ARBOR MI P18494 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), Proirida Statutes. Trelease the Division of Corporations from any leal-litty of non-compliance with Section 119 07(3)(k) in the event that the information supplied as deemed exempt from public access. I further certify that the information indicated of this amount report is for 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 trust empowered to execute this report as required by chapter 62. Florida Statutes. SIGNATURE DATE 12/3 0/94	A GENERAL PARTNER THA	AT IS A CORPORATION IST BE REGISTERED A	ND ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
WEISER, RONALD N. 320 NORTH MAIN ST. #2 ANN ARBOR MI Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of Corporations from any liability of non-completence with Section 119.07(3)(k) in the event that the information supplied as deemed exempt from public access. I further certify that the information indicated or bris amous report is true and accurate and that my signature shall have the a same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute this report as required by chapter 60. Florida Statutes. SIGNATURE. DATE ANN ARBOR MI A					Execution (MANUE)	
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 or bis amous 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 trust empowered to execute this report as required by chapter 63. Florida Statutys. SIGNATURE. DATE.	·				F 10484	
SIGNATURE UNIVERSITY ONLY ON THE 12/3 0/94	 I do hereby certify that the information supplied v Corporations from any liability of non-compliance 	vith this filing is voluntarily furnished and doe with Section 119.07(3)(k) in the event that If	s not qualify for the e le information supplie	emption stated in Section 119.07(3)(k), Florida and is deemed exempt from public access I furth	Statutes. Frelease the Division of er certify that the information indicated on	
	empowered to execute this report as required by	chapter 63. Florida Statutes.		· /	,	
voed or Protect Name of General Partner Signing From Charles F. LAAKE, ORONETOVV PICK is the common Tabulance Allice of 1 & w 1 & 4 & 5 & 1			<i>y</i>			

Associates, Inc. GA