


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A09991					
1. Entity Name UNIVERSITY INN PARTNERS, LTD.					
Principal Place of Business 11731 E. COLONIAL DRIVE ORLANDO, FL 32817			Mailing Address 11731 E. COLONIAL DRIVE ORLANDO, FL 32817		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2068815	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHEN, CHAO-HUI 11731 E. COLONIAL DR ORLANDO, FL 32817			Name <u>CHEN, Hsi-ching</u> Street Address (P.O. Box Number is Not Acceptable) <u>11731 E. Colonial Dr</u> City <u>Orlando</u> FL Zip Code <u>32817</u>		
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 <u>Hsi-ching chen</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>03-22-05</u>	
9. Capital Contributions as Shown on record. \$450,000.00			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	CITY-ST-ZIP		
	CHEN, HSI-CHING	11731 E. COLONIAL DR.	ORLANDO, FL 32817		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	CHEN, CHAO-HUI	11731 E. COLONIAL DR.	ORLANDO, FL 32817		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Hsi-ching chen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				DATE <u>03-22-05</u> Daytime Phone #	

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