


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

<b>DOCUMENT # A09991</b> 1. Entity Name <b>UNIVERSITY INN PARTNERS, LTD.</b>	
--	---

Principal Place of Business <b>11731 E. COLONIAL DRIVE ORLANDO, FL 32817</b>	Mailing Address <b>11731 E. COLONIAL DRIVE ORLANDO, FL 32817</b>
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HSI-CHING, CHEN  
11731 E. COLONIAL DR  
ORLANDO, FL 32817**

**DO NOT WRITE  
IN THIS SPACE**

05202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**59-2068815**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

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 \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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**

DOCUMENT #	
NAME	<b>CHEN, HSI-CHING</b>
STREET ADDRESS	<b>11731 E. COLONIAL DR.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32817</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953181  
06/16/08-80003-001 908.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE