

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22173**

1. Entity Name
UNIVERSITY AND BEACH INVESTORS, LTD.



FILED
03 MAY -6 PM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**8221 OLD COURTHOUSE ROAD, SUITE 204
VIENNA VA 22182**

Mailing Address
**8221 OLD COURTHOUSE ROAD, SUITE 204
VIENNA VA 22182**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2643612	Applied For Not Applicable
Zip	Country	Zip	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	
SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH SUITE 250 JACKSONVILLE FL 32216		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$955,350.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	J05082	STREET ADDRESS	100018298851
NAME	GROUP IV PROPERTIES, INC	CITY-ST-ZIP	05/06/03--01080--014 **526.25
STREET ADDRESS	6900 SOUTHPOINT DRIVE N.	STREET ADDRESS	100018298851
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	05/06/03--01080--014 **526.25
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STREET ADDRESS		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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Group IV Properties, Inc.*
By: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **4/28/03** Daytime Phone # **703.506.1006**

0019099 MB

CR2E003 (10/02)

STAPLE CHECK HERE