2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

MB 00190 0

DOCUMENT # A22173

1. Entity Name
UNIVERSITY AND BEACH INVESTORS, LTD.

Principal Place of Business	Mailing Address
8221 OLD COURTHOUSE ROAD. SUITE 204 VIENNA VA 22182	8221 OLD COURTHOUSE ROAD. SUITE 204 VIENNA VA 22182

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-2643612 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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

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	J05082 GROUP IV PROPERTIES, INC 6900 SOUTHPOINT DRIVE N. JACKSONVILLE FL	STREET ADDRESS CITY-ST-ZIP	100018298851 05/06/03--01080--014 **526.25
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STAPLE CHECK HERE

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

Group III Properties, Inc.
By: Mara G. Hutchinson, Treasurer

SIGNATURE: _____ 4/28/03 703.506.1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
Mara G. Hutchinson

CR2E003 (10/02)