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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

FILED

96 DEC 13 AM 10: 57

SEPRIMARY OF STATE

1997		DIVISION OF CO		TALLAHASSE	E.FLORIDA						
1. Name of Limited Partnership 1a. DOCUMENT # A23243											
UNIVERSITY RETAIL ASSOCIATES, LTD.			I IDDIANI ARAK KARAN AND INDIANI	ISBRA 1914 DIBAH BIBNI BIBNI BIBNI BIBNI BIBNI (BBI							
					Jf12/17						
Mailing Address 4600 CAMINO REAL SARASOTA FL 34231	4600 CAM	Principal Office Address 4800 CAMINO REAL SARASOTA FL 34231		3. Date Formed or Registered 09/17/1986	5a. Capital Contributions as Shown on record.						
ONINOUIN FL SAZOI	SARASOTI			3a. Date of Lest Report 12/12/1995							
					5b. Amount of Capital Contributions in FLORIDA to date:						
2. Mailing Address 2a. Principal Office Address			4. State or Country of Formation	to gale.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2724009	Applied For Not Applicable						
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional						
Zip Country	y Zip		Country	8. Make check payable to: Dept. or	Fee Required f State (See reverse side for fee information)						
0 Name and			T	10. If changed, new Registere	d A wastifulian						
9, Name and Address of Current Registered Agent DABNEY, THOMAS G.			Name								
GULF COAST PROPERTY SERVICES 4600 CAMINO REAL SARASOTA FL 34231			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.								
									City		FL Zip Code
						10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepti	ng Appointment)			DATE							

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)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
GULF COAST PROPERTY SERVICES	4600 CAMINO REAL	SARASOTA FL 34231	H80044
		8000021 -12/19, ****19	331387 49601004012 81.25 ****191.25
		***************************************	7.23 ****131.23
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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), 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
	this annual 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 truste
	empowered to execute this report as required by chapter 620, Perida Statutes

Typed or Printed Name of General Partner Signing Form