FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A23243**

FILED
98 OCT 21 AM 8: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE 10-20-98

Daytime Telephone Number_

941-923-2114

UNIVERSITY RETAIL ASSOCIATES, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capita	el Contributions as	7
4800 CAMINO REAL SARASOTA FL 34231	4600 CAMINO REAL SARASOTA FL 34231		09/17/1986 3a. Date of Last Report	\$990.00		
			09/15/1997 4. State or Country of Formation	5b. Amou Contri to date	nt of Capital butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		FL FL			
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 Fee Required	+
Zip Country	Zip . (Country	8, Make check payable to: Dept. of S	8, Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
DABNEY, THOMAS G.		Name	Name			
GULF COAST PROPERTY SERVICES		Street Addres	t Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #,	, Apt. #, etc.			
SARASOTA FL 34231		City FL Zip Code				-
10a. Pursuant to the provisions of sections 620.1051 and 620 for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of sections.	ered agent, or both, in the State of Florid:	limited partners a. Such change	was authorized by its general partner(s), I hereby	State of Florida accept the ap	a, submits this statement pointment of registered	
A GENERAL PARTNER THAT IS	A CORPORATION, L	IMITED I	PARTNERSHIP OR OTHE	R BUSII	NESS ENTITY	7
MUST E	BE REGISTERED AND	O ACTIVI	E WITH THIS OFFICE.	1		_
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		11b. City, State & Zip Code	11c.	Registration/ Document Number	4_
GULF COAST PROPERTY SERVICES	4600 CAMINO REAL		SARASOTA FL 34231	RASOTA FL 34231 H80044		R2F003 (8/98
			400002 -10/28 ****1	6 74 2 /880: 41.25	2342 1040022 ****141.25	CR2F
Note: General partners MAY NOT be	e changed on this form	; an amei	ndment must be filed to cha	inge a ge	eneral partner.	

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

Dabney II

Thomas G.

empowered to execute this record as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

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 on this annual report is true and accurate and that my signature shall have the same legal effects as if made under ooth, I further certify that I am a General Partner of the limited partnership, receiver or trustee