## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A23243  1. Entity Name					ggg same d	- N	
UNIVERSITY RETAIL ASSOCIATES, LTD.					FILED	V	
Principal Place of Business Mailing Address 01					FEB 19 PM 12:01		
4600 CAMINO REAL SARASOTA FL 34231 SARASOTA FL 34231 SARASOTA FL 34231				SI TA	ECRETARY OF STATE LLAHASSEE, FLORIDA	801 (111 1181 8181 6181) (681	
Principal Place of Business     A Mailing Address				·		01917 B/B1) 0191) 01917 B/B1) (BB1	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State City & State					4. FEI Number Applied For Not Applicable		
Zip	Country Zip		Country	′	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	
ي نيخ، س				Name			
DABNEY, THOMAS G.				Street Address (P.O. Box Number is Not Acceptable)			
GULF COAST PROPERTY SERVICES				Street Address (P.O. Box Number is Not Acceptable)			
4600 CAMINO REAL							
SARASOTA FL 34231				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.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
9. Capital Contributions as Shown on record. \$990.00 in FLORIDA to date.					11. MAKE CHECK PAYABI SEE REVERSE SIDE F	E TO DEPT. OF STATE OR 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 #	H80044 GULF COAST PROPERTY SERVICES, INC.			+000500			
NAME				ADDRESS			
STREET ADDRESS CITY-ST-ZIP				r-zip			
DOCUMENT # NAME			STREET	ADDRESS		Š	
STREET ADDRESS City+St-Zip				r-zip			
DOCUMENT #		مراجعها المراجعة المر	STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST	I-ZIP	50000374 -02/21/01-	-01096003	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST	-ZIP			
DOCUMENT <b>#</b> NAME		·	STREET	ADDRESS	· ·		
STREET ADDRESS CITY-ST-ZIP	į		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							

2/8/01 941.923.2/14 Date Destine Prone #