

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A23243	
1. Entity Name UNIVERSITY RETAIL ASSOCIATES, LTD.	



Principal Place of Business 4600 CAMINO REAL SARASOTA, FL 34231	Mailing Address 4600 CAMINO REAL SARASOTA, FL 34231
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232004 Chg-LP CR2E003 (10/03)

4. FID Number 59-2724009	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DABNEY, THOMAS G. GULF COAST PROPERTY SERVICES 4600 CAMINO REAL SARASOTA, FL 34231		7. Name and Address of New Registered Agent	
		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. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	H80044	STREET ADDRESS	
NAME	GULF COAST PROPERTY SERVICES, INC.	CITY- ST- ZIP	
STREET ADDRESS	4600 CAMINO REAL		
CITY- ST- ZIP	SARASOTA, FL 34231		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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STREET ADDRESS			
CITY- ST- ZIP			

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04/05/04-80023-007 150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: TO Dabney - President 3-23-04 781-923-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*TO Dabney - President
Gulf Coast Property Services, Inc.
It's sole General Partner*

STAPLE CHECK HERE