


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
May 09, 2008 08:00 AM
Secretary of State

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| DOCUMENT # A23243 1. Entity Name UNIVERSITY RETAIL ASSOCIATES, LTD. |  |
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| Principal Place of Business 4600 CAMINO REAL SARASOTA, FL 34231 | Mailing Address 4600 CAMINO REAL SARASOTA, FL 34231 |
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| DO NOT WRITE IN THIS SPACE |
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05062008 No Chg-LP CR2E003 (12/06)

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| 4. FEI 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 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | 000000950921 05/04/08-20012-003 900.00 <small>DATE</small> |
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| FILE NOW!!! FEE IS \$900.00 On or after September 12, 2008, Fee will be \$1000.00 | |
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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. |
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| 12. GENERAL PARTNER INFORMATION | |
| DOCUMENT # | H80044 |
| NAME | GULF COAST PROPERTY SERVICES, INC. |
| STREET ADDRESS | 4600 CAMINO REAL |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 |
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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | 5/6/08 <small>Date</small> | 941 923 2117 <small>Daytime Phone #</small> |
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STAPLE CHECK HERE