

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Sandra M. Hoff  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 30 PM 2:04

DOCUMENT #

1. Name of Limited Partnership

UNIVERSITY PARKWAY ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

34555 CHAGRIN AVE

Suite, Apt. #, etc.

3. Principal Office Address

SAME

Suite, Apt. #, etc.

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

Applied For

City & State

MORELAND HILLS OHIO

City & State

Zip

Country

Zip

Country

8a. Capital Contributions as Shown  
on Record.  
4,695,000.00

8b. Amount of Capital Contributions in  
FLORIDA to date.  
4,695,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation FLORIDA

9. Name and Address of Current Registered Agent

GEORGE H HARRISON  
BRADENTON FLORIDA 33505  
1201 SIXTH AVENUE WEST  
4TH FLOOR

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number) 9000 02703629-3

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 Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

W & M  
PROPERTIES

34555 CHAGRIN  
BLVD

MORELAND HILLS  
OHIO 44022

CR2E074

2,500.00  
2625.00  
532.50

\$5,657.50

REINSTATEMENT

1994-1998

3K

J  
1999  
AR

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 on 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

JOHN L MCGILK

Telephone Number

CR2E039 (12/97)