

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

2004 NOV 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A24157

1. Entity Name
UNIVERSITY PARKWAY ASSOCIATES, LTD.



Principal Place of Business
34555 CHAGRIN BLVD.
MORELAND HILLS, OH 44022

Mailing Address
34555 CHAGRIN BLVD.
MORELAND HILLS, OH 44022



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082004

Chg-LP

CR2E003 (10/03)

4. FEI Number

34-1571928

Applied For

Not Applicable

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record: **\$4,695,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$4,007,673.00**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # GP9800001042
NAME W & M PROPERTIES, AN OHIO GENERAL PARTNERS
STREET ADDRESS 34555 CHAGRIN BLVD.
CITY-ST-ZIP MORELAND HILLS, OH 44022

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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600043373298
12/13/04--01074--019 **526.25

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/23/04

Date

(446) 914-2215

Daytime Phone #

STAPLE CHECK HERE