
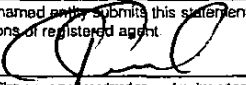
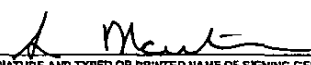


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 OCT 12 AM 9:58

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		4. FEI Number 34-1571928	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Jerry Filipowski Street Address (P.O. Box Number is Not Acceptable) REMAX 5411 University Pkwy. City University Park FL Zip Code 34201	
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 9-6-05					
9. Capital Contributions as Shown on record \$4,695,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		STREET ADDRESS		
NAME	W & M PROPERTIES, AN OHIO GENERAL PARTNERS		CITY-ST-ZIP		
STREET ADDRESS	34555 CHAGRIN BLVD.				
CITY-ST-ZIP	MORELAND HILLS, OH 44022				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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.					
SIGNATURE: 			9/1/05 Daytime Phone #		

STAPLE CHECK HERE