


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A24157 1. Entity Name UNIVERSITY PARKWAY ASSOCIATES, LTD.	
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FILED
 07 APR 18 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 BK

Principal Place of Business 34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022	Mailing Address 34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03282007 Chg-LP CR2E003 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 34-1571928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILIPOWSKI, JERRY REMAX 5411 UNIVERSITY PKWY UNIVERSITY PARK, FL 34201	7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324
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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 *Joyce A. Gilbert* **JOYCE A. GILBERT** **ASSISTANT SECRETARY** 4-18-07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

BK

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 # NAME STREET ADDRESS CITY-ST-ZIP GP9800001042 W & M PROPERTIES, AN OHIO GENERAL PARTNERS 34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP
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600098314555
04/24/07--01053--027 **500.00

STAPLE CHECK HERE

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

SIGNATURE: *A. Thane* 4/9/07 440/247-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #