

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

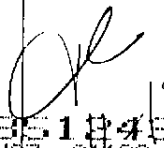
LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 12 AM 10:13	
1. Name of Limited Partnership		1a. DOCUMENT # A28446				
UNIVERSITY TECH CENTER I, LTD.						
Mailing Address 4902 EISENHOWER BLVD. SUITE 155 TAMPA FL 33634		Principal Office Address 4902 EISENHOWER BLVD. SUITE 155 TAMPA FL 33634		3. Date Formed or Registered 06/08/1989	5a. Capital Contributions as Shown on record \$3,730,288.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/03/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$3,730,288.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL		
City & State		City & State		6. FEI Number 75-2284397	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
8. Make check payable to: Dept. of State (See reverse side for fee information)						

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
UNIVERSITY TECH CENTER I, INC.	4902 EISENHOWER BLVD. Suite 155	TAMPA FL 33634	K84025
<div style="text-align: right;"> 300002351848-4 -11/18/97-01109-010 ****541.25 ****541.25</div>			

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 *Gerard Corbino*

DATE 23 SEP 97

Typed or Printed Name of General Partner Signing Form GERARD CORBINO

JP

Daytime Telephone Number (813) 885-7443

CR2E003 (6/97)