

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A28915**

1. Entity Name  
**4400 UNIVERSITY LIMITED PARTNERSHIP**



Principal Place of Business  
**16 MT. EBO ROAD SOUTH, STE. 22**  
**BREWSTER, NY 10509**

Mailing Address  
**2295 CORPORATE BLVD. NW, #131**  
**C/O SEVELL REALTY PARTNERS, INC.**  
**BOCA RATON, FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**13-3538529**

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

**SEVELL, ARNOLD**  
**% SEVELL REALTY PARTNERS, INC.**  
**2295 CORPORATE BLVD., NW, #131**  
**BOCA RATON, FL 33431**

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. **\$3,300,000.00**

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 #  
 NAME **DAVIS, BARRY M.**  
 STREET ADDRESS **16 MT. EBO ROAD SOUTH, STE. 22**  
 CITY-ST-ZIP **BREWSTER, NY 10509**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME **GAMAR, PETER D.**  
 STREET ADDRESS **16 MT. EBO ROAD SOUTH, STE. 22**  
 CITY-ST-ZIP **BREWSTER, NY 10509**

STREET ADDRESS  
 CITY-ST-ZIP

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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)(b), 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

Date

Daytime Phone #

**4-8-04 845-278-2822**

STAPLE CHECK HERE