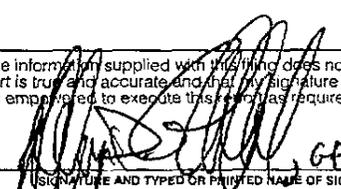


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # A31066					
1. Entity Name ATLANTIC UNIVERSAL INVESTORS, LTD.					
Principal Place of Business 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021			Mailing Address 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORNFELD ROBERT M. 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$17,969,866.00			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			STREET ADDRESS	
	CORNFELD, JEFFREY D.				
	STREET ADDRESS			CITY - ST - ZIP	
	3850 HOLLYWOOD BLVD, #400				
	CITY - ST - ZIP				
	HOLLYWOOD, FL				
DOCUMENT #	NAME			STREET ADDRESS	
	STREET ADDRESS			CITY - ST - ZIP	
	CITY - ST - ZIP				
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	CITY - ST - ZIP				
DOCUMENT #	NAME			STREET ADDRESS	
	STREET ADDRESS			CITY - ST - ZIP	
	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:  GP				Date: 4/12/05 (954) 989-2200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



04122005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0233576 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE

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04/27/05-80005-016 526.25