

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 29 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership WEST UNIVERSITY PROFESSIONAL BUILDING LIMITED PARTNERSHIP		1a. DOCUMENT # A31131	
Mailing Address 7500 N.W. 5TH STREET PLANTATION FL 33317	Principal Office Address 7500 N.W. 5TH STREET PLANTATION FL 33317	3. Date Formed or Registered 01/29/1991	5a. Capital Contributions as Shown on record \$300,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/06/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 65-0228536 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		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 WURTENBERGER, KENNETH P., ESQUIRE 8211 WEST BROWARD BLVD., PENTHOUSE SUITE 3 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
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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
W. UNIV. PROF. BLDG., INC	8211 W. BROWARD BLVD.	PLANTATION FL	\$26985
200002832502--3 -04/07/99--01090--017 ****526.25 ****526.25 4-5-99			

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 _____

DATE 12/30/98

Printed Name of General Partner Signing Form Gene H. Town

Daytime Telephone Number 954-593-5495

CR2E003 (8/98)