FILE ON OR BEFORE DECEMBER 3 TO REVOCATION	1, 1997 OR PARTNERSHIP W NAND <u>\$500 Penalty Fee</u>	/ILL BE SUBJE	CT	
LIMITED PARTNERSHIP ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE	
1. Name of Limited Partnership	1a. DOCUMENT # A33535			
UNIVERSITY COMMONS-GAI				
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
600 LUCKIE DR. #424 BIRMINGHAM AL 35223	600 LUCKIE DR., #424 Birmingham Al 35223		10/12/1992 3a. Date of Last Report	\$3,223,000.00
			09/23/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		3,123,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State		63-1076290 7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	Zip Country		State (See reverse side for fee Information)
CORPORATION INFORMATION SERVICE 1201 HAYS STREET TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office egent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s)	I and 620.192, Florida Statutes, the above-name e or registered agent, or both, in the State of Flu- tions of section 620.192, Florida Statutes.	Suite, Apt. #, etc. City ed timited partnership o orida Such change was LIMITED PAF ID ACTIVE W al Partner	authorized by its general partner(s). I her 300002 -09/17 STNERSHIP OR OTHE /ITH THIS OFFICE.	eby accept the appointment of registered 2952938 79701053016 11
	(Do NOT Use Post Office B	iox Numbers)	Gity, State & Zip Code	Document Number
CAPSTONE DEVELOPMENT CORP.	600 LUCKIE DRIVE, SUI	B	IRMINGHAM AL 35223	8088401 CH2E003 (6/3/
			-4	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hypeby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that my empowered to execute this report as required by SIGNATURE by:	ith this filing is voluntarily furnished and does n with Section 119.07(3)(k) in the event that the ii y signature shall have the same legal effects as chapter 620. Elorida Statutes	ot qualify for the exempt nformation supplied is di	ion stated in Section 119.07(3)(k). Florida eemed exempt from public access. J furth	Statutes, I release the Division of
Vice - President Typed or Printed Name of General Partner Signing Form	JOAN C. RASBE	RRY	Daytime Telephone Number	5> 871-0020

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