

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership UNIVERSITY COMMONS-GAINESVILLE, LTD.	1a. DOCUMENT # A33535
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Mailing Address 600 LUCKIE DR. #424 BIRMINGHAM AL 35223	Principal Office Address 600 LUCKIE DR. #424 BIRMINGHAM AL 35223	3. Date Formed or Registered 10/12/1992	5a. Capital Contributions as Shown on record \$3,223,000.00
2. Mailing Address 431 Office Park Dr Suite, Apt. #, etc.	2a. Principal Office Address 431 Office Park Dr Suite, Apt. #, etc.	3a. Date of Last Report 09/15/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Birmingham AL Zip 35223	City & State Birmingham AL Zip 35223	4. State or Country of Formation AL	6. FEI Number 63-1076290
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to Dept. of State (See reverse side for fee information)	\$38.75 Additional Fee Required

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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) CAPSTONE DEVELOPMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 LUCKIE DRIVE, SUI	11b. City, State & Zip Code BIRMINGHAM AL 35223	11c. Registration/Document Number P34017
300002840653--3 -04/15/89--01097--004 ****526.25 ****526.25			
MK 4/7/99			

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 Michael A. Mowen DATE 4/7/99

Typed or Printed Name of General Partner Signing Form Michael A Mowen Daytime Telephone Number (205) 414-6460

CR2E003 (8/98)