


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 9 99 APR 12 AM 11:13	
1. Name of Limited Partnership		1a. DOCUMENT # A33535			
UNIVERSITY COMMONS-GAINESVILLE, LTD.					
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	
				3a. Date of Last Report 09/15/1997	
				4. State or Country of Formation AL	
				5a. Capital Contributions as Shown on record \$3,223,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 431 Office Park Dr Suite, Apt. #, etc. Birmingham AL 35223		2a. Principal Office Address 431 Office Park Dr Suite, Apt. #, etc. Birmingham AL 35223		6. FEI Number 63-1076290 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired 8. Make check payable to Dept. of State (See reverse side for fee information)	
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 FL			
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	
CAPSTONE DEVELOPMENT CORP.		600 LUCKIE DRIVE, SUI		BIRMINGHAM AL 35223	
				11c. Registration/ Document Number P34017	
3000002840653--3 -04/15/89--01097--004 ****526.25 ****526.25 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 _____ DATE 4/7/99					
Typed or Printed Name of General Partner Signing Form Michael A. Mauron Daytime Telephone Number (205) 414-6400					

CR2E003 (8/98)