

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUN -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # A33535
1. Entity Name
UNIVERSITY COMMONS-GAINESVILLE, LTD.

Principal Place of Business
**431 OFFICE PARK DRIVE
BIRMINGHAM AL 35223**

Mailing Address
**431 OFFICE PARK DRIVE
BIRMINGHAM AL 35223-2411**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
63-1076290

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$3,223,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **764,070**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # P34017	NAME CAPSTONE DEVELOPMENT CORP.	STREET ADDRESS	
STREET ADDRESS 600 LUCKIE DRIVE, SUITE 424	CITY - ST - ZIP BIRMINGHAM AL 35223	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	700005728367--6
STREET ADDRESS		CITY - ST - ZIP	05/10/02 01045 016
DOCUMENT #	NAME	STREET ADDRESS	****526.25 ****526.25
STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		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: *Rob Howland* **4-29-02** (205)414-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #