

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 PM 2: 04

1. Name of Limited Partnership	1a. DOCUMENT # A94000000855
UNIVERSITY FINANCIAL PLAZA ASSOCIATES, LTD.	



Mailing Address 3300 UNIVERSITY DRIVE, #302 CORAL SPRINGS FL 33065	Principal Office Address 3300 UNIVERSITY DRIVE, #302 CORAL SPRINGS FL 33065
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/24/1994	5a. Capital Contributions as Shown on record. \$2,375,000.00
3a. Date of Last Report 10/08/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 67,767.81
6. FEI Number 65-0499935	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

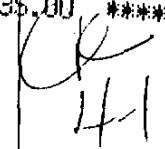
9. Name and Address of Current Registered Agent
KINSEY, JOHN T 2300 CORPORATE BLVD. SUITE 112 BOCA RATON FL 33431

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

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
SAMPLE FINANCIAL PLAZA, INC.	3300 UNIVERSITY DRIVE	CORAL SPRINGS FL 3306	P94000047200
		800002480668-1 -04/07/98--01019--022 ***535.00 ***535.00	

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 **2-26-98**

Typed or Printed Name of General Partner Signing Form **Edward Falcone** Daytime Telephone Number **954 346 9700**

CR2E003 (12/97)