

A9400000855
 LIMITED PARTNERSHIP
 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A9400000855**
 1. Entity Name
UNIVERSITY FINANCIAL PLAZA ASSOCIATES LTD.

FILED

2002 JUL 18 PM 12:09

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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

DUE BY MAY 1

4. FEI Number
65-0499935

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **FALCONE, ARTHUR**

Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr

City **CS** State **FL** Zip Code **33065**

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 _____ DATE _____
Signature, typed or printed name of registrant agent, and date if applicable.

9. Capital Contributions as Shown on record: 2,375,000	10. Amount of Capital Contributions in FLORIDA to date: 2,375,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000047200 SAMPLE FINANCIAL PLAZA INC 3300 University Dr CS FL 33065	STREET ADDRESS CITY-ST-ZIP 000006585670--0 -07/23/02--01018--025 ****531.25 ****531.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		000006585670--0 -07/23/02--01018--026 *****12.50 *****12.50
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DOCUMENT # NAME 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)(g), 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: 

3-01-02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 12, 2002

UNIVERSITY FINANCIAL PLAZA ASSOCIATES, LTD.
3300 UNIVERSITY DRIVE, SUITE 1
CORAL SPRINGS, FL 33065

SUBJECT: UNIVERSITY FINANCIAL PLAZA ASSOCIATES, LTD.
Ref. Number: A94000000855

We have received your document for UNIVERSITY FINANCIAL PLAZA ASSOCIATES, LTD. and check(s) totaling \$531.25. However, your check(s) and document are being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

The fee to file the enclosed annual report/uniform business report is \$535.00. If a certificate of status is desired, please add an additional \$8.75. The basic annual report/uniform business report filing fee is figured at the rate of \$7.00 per thousand on the actual capital contribution plus a supplemental fee of \$88.75 pursuant to s. 607.193, Florida Statutes, effective 1/1/97. The filing fee shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75).

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 602A00018451