DOCUMENT # A9400001622 1. Entity Name					Fit. C	<u>س</u> ير	
UNIVERSITY CENTRE WEST, LTD.					SECRETARY OF STATE D VISION OF CORPORATIONS		
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-					00 APR 28	AM 3: 05	
2. Principal Place of Business 3. Mailing Address			_				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	65-0540567	Applied For Not Applicable	
Zip	Country Zip		Count	гу	5. Certificate of Status Desired X \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE			-	Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33065			Ì				
			Ì	City FL Zip Code			
8. The above	named entity submits this statement fo	the purpose of changing its re	egistere	d office or registere	ed agent, or both, i	n the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	Agent signature required	when reinstating)	DATE	
9. Capital Contributions as Shown on record. \$7,500.00 in FLORIDA to date.				utions \$7,500		11. MAKE CHECK PAYABL SEE REVERSE SIDE F	E TO DEPT. OF STATE OR FEE INFORMATION
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TTY ML e form;	JST BE REGIST	ERED AND ACT	TIVE WITH THIS OFFIC o change a general pa	E. rtner.
12. GENERAL PARTNER INFORMATION				3. ADDRESS CHANGES ONLY			
DOCUMENT# NAME	624912 AMERA PROPERTIES, INC.			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		спу-	ST-ZIP			
DOCUMENT# NAME	,		STREE	ET ADDRESS	9000032892896 -06/14/0001088003		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST- ZIP	****150.00 ****150.00		
DOCUMENT# NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СПҮ-	ST-ZIP			
DOCUMENT# NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
DOCUMENT# NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	·			ST-ZIP			
DOCUMENT#				ET ADORESS			
STREET ADDRESS CITY+ST+ZIP				ST-ZIP			
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for the that my signature shall have the	the exem	nption stated in Se legal effect as if m	ction 119.07(3)(i), i nade under oath; th	Florida Statutes. I further co at I am a General Partner c	ertify that the information of the limited partnership or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

954-753-9500 Daytime Phone #

President - 4/27/00 Amera Properties, Proc.