2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

1. Entity Name		•		
DOCUMENT # A9500000288  1. Entity Name UNIVERSITY CIRCLE LIMITED PARTNERSHIP			2005 APR 21 PM 2: 14 SECRETARY DE STATE	
Principal Place of Business	Mailing Address		TALLAHASSEE, FLOR	IDA
714 BASIN STREET P.O. BOX 4008 TALLAHASSEE FL 32304 TALLAHASSEE FL 323		15		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1ST MOORE CR2E00	3 (10/04)
City & State City & State			4. FEI Number 59-3297920 Applied For - Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
JACKSON, ERWIN 714 BASIN STREET TALLAHASSEE FL 32304		Street Address (P.	Name_ Street Address (P.O. Box Number is Not Acceptable) .	
		City	Fi	Zíp Code
The above named entity submits this statement to in the State of Florida. Lam familiar with, and account to the state of Florida.	or the purpose of changing its	s registered office or registered agent.	red agent, or both,	
	and title d applicable	DATE	See Block 11 in:	structions for fee info.
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