

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**DOCUMENT # A95000000288**

1. Entity Name  
**UNIVERSITY CIRCLE LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:31

Principal Place of Business  
**714 BASIN STREET  
TALLAHASSEE, FL 32304**

Mailing Address  
**P.O. BOX 4008  
TALLAHASSEE, FL 32315**

2. Principal Place of Business

**1341 Jackson Bluff Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006 Chg-LP CR2E003 (11/05)

City & State

**Tallahassee, FL**

City & State

4. FEI Number  
**59-3297920**

Applied For  
Not Applicable

Zip

**32304**

Country

**US**

Zip

Country

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

6. Name and Address of Current Registered Agent

**JACKSON, ERWIN  
714 BASIN STREET  
TALLAHASSEE, FL 32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

DATE

**7-4-06**

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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 # **H62310**  
NAME **JACKSON PROPERTIES & FINANCIAL SERV., INC.**  
STREET ADDRESS **714 BASIN STREET**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700077779347**  
**07/20/06--01046--018 \*\*500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**7-4-06**

STAPLE CHECK HERE