


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 NOV 14 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership UNIVERSITY PLACE APARTMENTS, LTD.		1a. DOCUMENT # A95000001530 98-AR-EM	
Mailing Address 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE FL 32256-7515	Principal Office Address 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE FL 32256-7515		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		
3. Date Formed or Registered 10/11/1995		5a. Capital Contributions as Shown on record. \$1,564,266.00	
3a. Date of Last Report 09/25/1996		5b. Amount of Capital Contributions in FL OR DA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3338554 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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 ROBINSON, MARY A ESQ. C/O FISHER, TOUSEY LEE & BALL, PA. ONE INDEPENDENT SQUARE, SUITE 2600 JACKSONVILLE FL 32202		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) LIMITED PARTNERS OF TALLAHAS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8641 BAYPINE ROAD, SU	11b. City, State & Zip Code JACKSONVILLE FL 32256	11c. Registration/Document Number V10684
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CP2E003 (6/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

Typed or Printed Name of General Partner Signing For

S.W. Register, Jr.

DATE

Daytime Telephone Number

9/9/97
904-731-9500