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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

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	A95000001	A95000001852		BOND DENN DENN D	
NIVERSAL REAL ESTATE,	LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capita Show	l Contributions as
4699 SW 64TH AVE.	4699 SW 64TH AVE.		11/29/1995	<b>5b.</b> Amount of Capital ORIDA to date:	
DAVIE FL 33314 DAVIE FL 33314			38. Date of Last Report		
			10/14/1996		
2. Mailing Address 28. Principal Office Address			4. State or Country of Formation		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State		· · · · · · · · · · · · · · · · · · ·	6 FEI Number		
			65-0654923	Applied For Not Applicable	
			7. Certificate of Status Desired		\$8.75 Additional
Zip Country	Zip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information		
9. Name and Address of Cui	rrent Registered Agent		10. If changed, new Register	ed Agent/Office	
		Name			
SNYDER, TOBY		Street Address (P.	O. Box Number is Not Acceptable)	<del>1321</del>	0428 078014
4899 SW 64TH AVE.			10) 1.	77 71 U.A.	****156,25
DAME EL 93314		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	156.25	****IJO.CJ
DAVIE FL 33314			· · · · · · · · · · · · · · · · · · ·		
	of and 620 192 Eloido Statutos the above concern	City	कुत्तक	FL	Zip Code
10a. Pursuant to the provisions of sections 620, 105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	ce or registered agent, or both, in the State of Flo ations of section 620,192, Florida Statutes  0.  AT IS A CORPORATION, I JST BE REGISTERED AN	City  Indian and partnership ride. Such change was common to the change	organized or registered under the laws of s authorized by its general partner(s). I he DATI	FL the State of Florioreby accept the	Zip Code  da, submits this statement appointment of registered
10a. Pursuant to the provisions of sections 620-105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MU	ce or registered agent, or both, in the State of Flo ations of section 620, 192, Florida Statutes  0	City  Indian and partnership ride. Such change was common to the change	organized or registered under the laws of s authorized by its general partner(s). I hu DATI RTNERSHIP OR OTHI VITH THIS OFFICE.	FL the State of Florioreby accept the	Zip Code  da, submits this statement appointment of registered
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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 offects as if made under eath. 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.

Typed or Printed Name of General Partner

Daytime Telephone Number