## HILL C. I OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1999	Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 24 AN ID: 22	
1. Name of Limited Partnership	1a. DOCUMENT # A9500001852		SECRETARY OF STATE TALLAHASSEE FLORIDA	
UNIVERSAL REAL ESTATE, L	.TD.			
Mailing Address	failing Address Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
4699 SW 64TH AVE. DAVIE FL 33314	4699 SW 64TH AVE. DAVIE FL 33314		11/29/1995 3a. Date of Last Report 10/13/1997	5a. Capital Contributions as Shown on record. \$100.00  5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State	City & State		Not Applicable  \$8.75 Additional
Zip Country	Zip	Country	7. Certificate of Status Desired  8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required
9. Name and Address of Curre			10. If changed, new Registered	
SNYDER, TOBY 4699 SW 64TH AVE. DAVIE FL 33314  10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	r registered agent, or both, in the State of Floring of section 620.192, Floride Statutes.	Sulha, Apt. #, etc. STC City CD PL d limited partnership orga da. Such change was aud	OX Number is Not Acceptable) STIPLINE ROA  Replace of the laws of the norized by its general partner(s). I hereby  DATE  TNERSHIP OR OTHE	accept the appointment of registered
MUS	ST BE REGISTERED AN	D ACTIVE WI	TH THIS OFFICE.  City, State & Zip Code	Doubletoitest
11. Name(s) of General Partner(s)  UNIVERSAL REAL ESTATE, INC.		(50 10), 538 (31) (310)		P95000091025
			400002 -01/14 ****1	7408448 4/9901008001 41.25 ****141.25
Note: General partners MAY NO	r be changed on this form	; an amendme	nt must be filed to cha	nge a general partner.
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with this annual report is true and accurate and that my si empowered to execute this report as required by cha	h Section 119.07(3)(k) in the event that the info ignature shall have the same legal effects as if	ormation supplied is deem	ed exempt from public access. I further on the certify that I am a General Partner of the	erlify that the information indicated on e limited partnership, receiver or trustee
SIGNATURE		iclio se	DATEDATE	11-16-98
Francisco Deleted Nove of Consent Restore Stanley Form	ヘリルのルズ エードヘルド	スリンハ 58	Davide - Tolanbara blombar 75	4 456-X10X