


**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

FILED

97 APR 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A96000002134			
UNIVERSITY MALL ASSOCIATES, LTD.					



Mailing Address 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181		Principal Office Address 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181		3. Date Formed or Registered 11/21/1996		5a. Capital Contributions as Shown on record. \$10,000.00	
				3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation FL			
2. Mailing Address		2a. Principal Office Address		6. FEI Number 59-1384137		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)			
Zip Country		Zip Country					

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
IRELAND UNIVERSITY, INC. 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181		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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c. Registration/Document Number	
IRELAND UNIVERSITY, LTD.		12000 BISCAYNE BLVD.,		MIAMI FL 33181		A29773	
				500002154005-4			
				-04/24/97-01093-013			
				***173.75 ***173.75			

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

12. I do 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 Lou Ireland DATE 4/7/97
 Typed or Printed Name of General Partner Signing Form Lou Ireland, V.P., Ireland
University, Inc., G.P. Daytime Telephone Number 305 891 6806