


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000002134 1. Entity Name UNIVERSITY MALL ASSOCIATES, LTD.	
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Principal Place of Business 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI, FL 33181
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

FILED

04 APR 30 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1384137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IRELAND UNIVERSITY, INC. 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI, FL 33181	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

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

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A29773	STREET ADDRESS	
NAME	IRELAND UNIVERSITY, LTD.	CITY-ST-ZIP	
STREET ADDRESS	12000 BISCAYNE BLVD., PENTHOUSE 810		
CITY-ST-ZIP	MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lou Ireland* **LOU IRELAND** 4-12-04 305-891-6806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE