

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000002134

1. Entity Name
UNIVERSITY MALL ASSOCIATES, LTD.



FILED
05 APR 29 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-1384137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRELAND UNIVERSITY, INC.
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

DATE

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT # A29773
NAME IRELAND UNIVERSITY, LTD.
STREET ADDRESS 12000 BISCAYNE BLVD., PENTHOUSE 810
CITY-ST-ZIP MIAMI, FL 33181

DOCUMENT #
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

900054754069

05/19/05--01006--003 **158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-05 305-891-6806

Date

Daytime Phone #

Ireland University, Inc
LOUTRELAND

STAPLE CHECK HERE