## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A98000001896

FILED 98 DEC 22 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Telephone Number 954-227-999 2

UNIVERSITY TRADING, LIMITED PARTNERSHIP	

Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
4691 N. UNIVERSITY DRIVE. SUITE 424 CORAL SPRINGS FL 33067	4691 N. UNIVERSITY DRIVE. SUITE 424 CORAL SPRINGS FL 33067		08/05/1998 3a. Date of Last Report	\$75, 100.00			
	331112 31111133 12 3331			5b. Amor	Int of Capital ibutions in FLORIDA		
3	20.01		4. State or Country of Formation	to da	e:		
2. Mailing Address	2a. Principal Office Address		FL				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0858211		Applied For		
City & State	City & State		7. Certificate of Status Desired	2 	Not Applicable		
Zíp Country	Žip Country		7		\$8.75 Additional Fee Required		
	<u> </u>	8. Make check payable to: Dept. of State (See reverse side for fee information)			So de la localitation de la loca		
9. Name and Address of Current R	egistered Agent		10. If changed, new Registered Agent/Office				
	Name						
Palumbo, Wendy 4691 N. University Drive, Suite 424	Street Address (P.O. F		Box Number Is Not Acceptable)				
CORAL SPRINGS FL 33067	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 (Do NOT Use Post Office Box	Partner 446	City, State & Zip Code	11c.	Registration/ Document Number		
UNIVERSITY TRADING, L.C.			DRAL SPRINGS FL 3306	L98000001273			
			1000021 -01/12/ ****52	/: <u>}</u> :90:	000001273 5-5-1		
			T.9.(	] JA	N - 7 1999		
f							
Note: General partners MAY NOT I	e changed on this form	; an amendm	ent must be filed to cha	nge a g	eneral 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 itability 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	1/6/		DATE	12/16	7 H8		