2004 LIMITED PARTNERSHIP REINSTATEMENT

CHECK

STAPLE

SECRETARY OF STATE **DOCUMENT # A99000000051** DIVISION OF CORPORATIONS UNIVERSITY HIGHLAND LIMITED PARTNERSHIP 05 JAN -3 PM 3: 49 Principal Place of Business Mailing Address 365 FIFTH AVENUE SOUTH, SUITE 201 C/O DAVID NASSIF CO. 195 WORCESTER STREET, SUITE 301 NAPLES, FL 34102 WELLESLEY HILLS, MA 02481 2. Principal Place of Business 3. Mailing Address . 365 Fi Fin 365 FIRST AVENUE SOUTH Suite, Apt. #, etc. 12232004 REIN-LP CR2E100 (6/04) 201 City & State NAPLES 4. FEI Number Applied For 59-3556882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTARAMIAN, JACK J Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102 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 10. Amount of Capital Contributions \$10,000,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY M99000000032 DOCUMENT # STREET ADDRESS NASSANT AND COMPANY, L.L.C. NAME STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 500044640665 DOCUMENT # STREET ADDRESS **1026.25 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 his required by Chapter 620, Florida Statutes SIGNATURE:

NUSSAM