

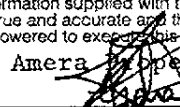


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001031 1. Entity Name AMERA UNIVERSITY 3200, LTD.					
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01192004 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0931985		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
9. Capital Contributions as Shown on record. \$7,500.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	624912		STREET ADDRESS		
NAME	AMERA PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2900 UNIVERSITY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> </div> <div style="text-align: center;"> George Rahael President </div> <div style="text-align: center;"> 4/16/04 <small>Date</small> </div> <div style="text-align: center;"> 954-753-9500 <small>Daytime Phone #</small> </div> </div>					

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