

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B02000000150</b>					
<b>1. Entity Name</b> UNIVERSITY HOUSE AT NORTHGATE LAKES LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 3890 WEST NORTHWEST HWY., STE. 700 DALLAS, TX 75220			<b>Mailing Address</b> 3890 WEST NORTHWEST HWY., STE. 700 DALLAS, TX 75220		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 75-3054597	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32303			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
DATE _____					
<b>9. Capital Contributions as Shown on record.</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		\$ 526.25	
\$10,000,000.00		\$ 526.25		\$ 526.25	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> M02000001160	<b>NAME</b> UHC GP, LLC		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>STREET ADDRESS</b> 3890 WEST NORTHWEST HWY., STE. 700	<b>CITY-ST-ZIP</b> DALLAS, TX 75220		CITY-ST-ZIP		
<b>DOCUMENT #</b> NAME	<b>STREET ADDRESS</b>		CITY-ST-ZIP		
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<b>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</b>					
<b>SIGNATURE:</b> <i>William J. Keen</i>			5/1/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
Daytime Phone #			Daytime Phone #		

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