


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # B95000000388			

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 SEP 24 AM 9:27



UNIVERSITY COMMONS-TALLAHASSEE, LTD.

Mailing Address C/O CAPSTONE DEVELOPMENT CORP. 600 LUCKIE DRIVE, SUITE 424 BIRMINGHAM AL 35223		Principal Office Address C/O CAPSTONE DEVELOPMENT CORP. 600 LUCKIE DRIVE, SUITE 424 BIRMINGHAM AL 35223		3. Date Formed or Registered 10/31/1995	5a. Capital Contributions as Shown on record. \$2,000,100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/23/1996	5b. Amount of Capital Contributions in FLORIDA to date 2,000,100.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation AL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 63-1156026	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office	
		Name 7000002303907--9	
		Street Address (P.O. Box Number Is Not Acceptable) 09/25/97--01114--0014	
		Suite, Apt. #, etc. *****541.25 *****541.25	
		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) CAPSTONE DEVELOPMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 LUCKIE DRIVE, SUI	11b. City, State & Zip Code BIRMINGHAM AL 35223	11c. Registration/Document Number P34017
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general 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 liability 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.

CAPSTONE DEVELOPMENT CORP.
 SIGNATURE by: *Joan C. Rasberry*
 Vice President, **JOAN C. RASBERRY**

DATE **9-5-97**
 (205) Daytime Telephone Number **871-0020**

CR2E003 (6/97)