


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000519					
1. Entity Name MITCHELL/UNIVERSITY APARTMENTS, LTD.					
Principal Place of Business 41 W. I-65 SERVICE ROAD N 3RD FLOOR, COLONIAL BANK CENTRE MOBILE, AL 33608-1201			Mailing Address P. O. BOX 160306 MOBILE, AL 33616		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1389684	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPUS, JOSEPH J III 3298 SUMMIT BLVD., #18 PENSACOLA, FL 32503				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 <u><i>Joseph J III Campus</i></u> DATE <u>4-29-04</u>					
9. Capital Contributions as Shown on record \$502,409.50		10. Amount of Capital Contributions in FLORIDA to date \$ 502,409.50			
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 #	F93000000581		STREET ADDRESS		
NAME	THE MITCHELL COMPANY, INC.		CITY-ST-ZIP		
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY				
CITY-ST-ZIP	MOBILE, AL 336081201				
DOCUMENT #			STREET ADDRESS		
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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. SIGNATURE: <u><i>[Signature]</i></u> DATE <u>4-29-04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE