2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 MAY -2 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000519

1. Entity Name
MITCHELL/UNIVERSITY APARTMENTS, LTD.

Principal Place of Business	Mailing Address
41 W. I-65 SERVICE ROAD N 3RD FLOOR, COLONIAL BANK CENTRE MOBILE, AL 33608-1201	P. O. BOX 160306 MOBILE, AL 33616

04292005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 72-1389684 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPUS, JOSEPH J III ~~3298 SUMMIT BLVD., #18~~ 25 W. Cedar St. Ste 420 PENSACOLA, FL ~~32608~~ 32502	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: Joseph Campus III DATE: 4/29/05

9. Capital Contributions as shown on record	10. Amount of Capital Contributions in FLORIDA to date
$502,409.50	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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F90000000581		
NAME	THE MITCHELL COMPANY, INC.	STREET ADDRESS	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	CITY-ST-ZIP	
CITY ST ZIP	MOBILE, AL 33608-1701		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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DOCUMENT #		STREET ADDRESS	300055188473 05/24/05--01042--004 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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.

SIGNATURE: Christopher L. Stephan 4/29/05 251-380-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #