2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9800000309									FH is	'En	*			
UNIVERSITY COMMONS - GAINESVILLE WEST, LTD.								SCCRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Place of Business 431 OFFICE PARK DRIVE BIRMINGHAM AL 35223				Mailing Address 431 OFFICE PARK DRIVE RECEIVED BIRMINGHAM AL 35223-2411 MAR 3 0 2000				OO APR 13 AM 11: 43						
2. Principal Place of Business 3. Mailing Address									 		ii			
Suite, Apt. #, etc. Suite, Apt. #, etc.					. -			DO NOT WRITE IN THIS SPACE						
City & State City & State					e			4. FEI Number 63-1/98112 APPLIED-FOR Applied For Not Applicable						
Zip	Country		Z	Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						City	Address (P.O. Box Number is Not Acceptable) FL Zip Code							
8. The above	named entit	y submits this statement	for the p	urpose of changing it	s register	ed office or	registere	ed agent, or both	, in the State of Florida.	,				
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if	applicable. (NO	TE: Registere	d Agent signat.	ure required	when reinstating)		DATE				
9. Capital Contributions as Shown on record. \$840,000.00 In FLORIDA to date						X	40,0		11. MAKE CHECK PAY SEE REVERSE SIE	DE FOR FEE				
	A P	GENERAL PARTNER : General Partners N	THAT I	S A BUSINESS El T be changed on t	NTITY M	UST BE I	REĞIST ndment	ERED AND AC	CTIVE WITH THIS OF to change a genera	FICE. I partner.	l			
12.	RMATION	13.				ADDRESS CHANGE								
DOCUMENT# NAME	P34017 CAPSTONE DEVELOPMENT CORP.				STREET ADDRESS 431			1 Office Park Drive						
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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: SIGNATURE: SIGNATURE:														
JIGHAI	JIIL	SIGNATURE AND TYPED	OR PRINTE	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayjuria Phone #										