


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

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

<b>DOCUMENT # B98000000309</b> 1. Entity Name <b>UNIVERSITY COMMONS - GAINESVILLE WEST, LTD.</b>	
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Principal Place of Business <b>431 OFFICE PARK DRIVE BIRMINGHAM AL 35223</b>	Mailing Address <b>431 OFFICE PARK DRIVE BIRMINGHAM AL 35223</b>
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2. Principal Place of Business  Suite, Apt. #, etc  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc  City & State  Zip Country
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MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record <b>\$840,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P34017 CAPSTONE DEVELOPMENT CORP. 431 OFFICE PARK DRIVE BIRMINGHAM AL 35223</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>000000158446 05/07/04-20022-009 526.25</b>
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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: Rob Howland Rob Howland 4/29/04 (205) 414-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #