


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003442	
1. Entity Name UNIVERSITY HOUSE AT ORLANDO GP, INC.	

Principal Place of Business 3890 WEST NORTHWEST HIGHWAY, SUITE 700 DALLAS, TX 75220	Mailing Address 3890 WEST NORTHWEST HIGHWAY, SUITE 700 DALLAS, TX 75220
---	---



03232004 - No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3691748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000158956 05/10/04-80010-007 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO UTLEY, STEVEN R 3890 WEST NORTHWEST HIGHWAY, SUITE 700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST HARRIS, C. CHRISTOPHER 3890 WEST NORTHWEST HIGHWAY, SUITE 700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PIERSON, WILLIAM T 3890 WEST NORTHWEST HIGHWAY, SUITE 700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, TAYLOR N 3890 WEST NORTHWEST HIGHWAY, SUITE 700 DALLAS, TX 75220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William T. Pierson 5/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #