

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002080

FILED
Apr 11, 2005
Secretary of State

Entity Name: UNIVERSITY CENTROPLEX, LLC

Current Principal Place of Business:

5950 LAKEHURST DR SUITE 147
ORLANDO, FL 32819

New Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 147
ORLANDO, FL 32819 US

Current Mailing Address:

5950 LAKEHURST DR SUITE 147
ORLANDO, FL 32819

New Mailing Address:

5950 LAKEHURST DRIVE
SUITE 147
ORLANDO, FL 32819 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTIGLIATTI, FERNANDA
6131 SAINT IVES BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PORTIGLIATTI, ANTONIO B
Address: 6131 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: PORTIGLIATTI, FERNANDA
Address: 6131 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTONIO B. PORTIGLIATTI MGRM 04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date