2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002080

Entity Name: UNIVERSITY CENTROPLEX, LLC

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5950 LAKEHURST DRIVE SUITE 169 ORLANDO, FL 32819 U

Current Mailing Address: New Mailing Address:

5950 LAKEHURST DRIVE SUITE 169 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: Name and Address of New Registered Agent:

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

PORTIGLIATTI, FERNANDA
8137 VIA ROSA
ORLANDO, FL 32836 US

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: FERNANDA PORTIGLIATTI 04/02/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 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

Title: MGRM (X) Change () Addition Name: PORTIGLIATTI, ANTHONY B

Address: 8137 VIA ROSA City-St-Zip: ORLANDO, FL 32836

Title: MGRM (X) Change () Addition Name: PORTIGLIATTI, FERNANDA

Address: 8137 VIA ROSA City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTHONY B. PORTIGLIATTI MGRM 04/02/2007