

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002080

FILED
Mar 20, 2009
Secretary of State

Entity Name: UNIVERSITY CENTROPLEX, LLC

Current Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PORTIGLIATTI, FERNANDA
8137 VIA ROSA
ORLANDO, FL 32836 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/MANAGERS:

Title: MGRM () Delete
Name: PORTIGLIATTI, ANTHONY B
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: PORTIGLIATTI, FERNANDA
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

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 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 03/20/2009

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