

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039286

1. Entity Name
 UVAF/FORT LAUDERDALE, LLC



Principal Place of Business
 630 W. GERMANTOWN PIKE, SUITE 321
 PLYMOUTH MEETING, PA 19462

Mailing Address
 630 W. GERMANTOWN PIKE, SUITE 321
 PLYMOUTH MEETING, PA 19462



07122006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 36-4548054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	URDANG, E. SCOTT
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 300
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	VS
NAME	BLUM, DAVID
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	V
NAME	SANFILIPPO, VINCENT
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	V
NAME	GRECO, MARK
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	D
NAME	FERST, RICHARD J
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: David J. Blum David J. Blum 8-14-06 610-834-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #