

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90120 044 ***138.75

DOCUMENT # L05000112250
 1. Entity Name
 FIRST UNIVERSAL CONSULTING, LLC



Principal Place of Business Mailing Address
 3300 PGA BOULEVARD, SUITE 410 3300 PGA BOULEVARD, SUITE 410
 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

60040657



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 5100 PGA Boulevard 5100 PGA Boulevard
 Suite, Apt. #, etc. Second Floor Suite, Apt. #, etc. Second Floor

05072008 Chg-LLC CR2E083 (12/06)

City & State Palm Beach Gdns, FL Palm Bch Gdns FL
 Zip 33418 Country USA Zip 33418 Country USA

4. FEI Number 20-3843216 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FEINGOLD & KAM LLC
 3300 PGA BOULEVARD, SUITE 410
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 5100 PGA Boulevard, 2nd FL
 City Palm Beach Gardens FL Zip Code 33418

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)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENDING PARTNERS 3300 PGA BOULEVARD, SUITE 410 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5100 PGA Boulevard, 2nd FL Palm Beach Gdns FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____