

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039363

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: 2700 A-4 UNIVERSITY BLVD. WEST, LLC

**Current Principal Place of Business:**

3165 MCCRORY PLACE  
SUITE 101  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 690386  
ORLANDO, FL 32869 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:**

JONES, TERI M ESQ  
3165 MCCRORY PLACE  
SUITE 101  
ORLANDO, FL 32803 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: JONES, FARRIS M  
Address: 3332 STATION HOUSE ROAD  
City-St-Zip: CHESAPEAKE, VA 23321 US

Title: MGRM ( ) Delete  
Name: JONES, TERI M ESQ  
Address: P O BOX 690386  
City-St-Zip: ORLANDO, FL 32869

**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: TERI MICHELLE JONES ESQ                      MGRM                      04/29/2008

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