

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039363

FILED
Apr 30, 2009
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

Current Mailing Address:

P. O. BOX 690386
ORLANDO, FL 32869 US

New Principal Place of Business:

3165 MCCRORY PLACE
SUITE 151
ORLANDO, FL 32803 US

New Mailing Address:

P. O. BOX 9916
CHESAPEAKE, VA 23321 US

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:

JONES, TERI M ESQ
3165 MCCRORY PLACE
SUITE 151
ORLANDO, FL 32803 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: TERI MICHELLE JONES

04/30/2009

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: MGRM (X) Change () Addition
Name: JONES, TERI M ESQ
Address: P O BOX 9916
City-St-Zip: CHESAPEAKE, VA 23321

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

MGRM

04/30/2009

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