

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103748

Entity Name: UNIVERSITY 441 L.L.C.

FILED  
Aug 13, 2007  
Secretary of State

**Current Principal Place of Business:**

240 71ST STREET  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

16495 NW 27 AVE  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

240 71ST STREET  
MIAMI BEACH, FL 33141

**New Mailing Address:**

1249 BISCAYA DRIVE  
SURFSIDE, FL 33154

FEI Number: 20-5761069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OLIVEIRA, ISNAR S  
240 71ST STREET  
MIAMI BEACH, FL 33141      US

**Name and Address of New Registered Agent:**

OLIVEIRA, ISNAR  
16495 NW 27 AVE  
MIAMI GARDENS, FL 33054      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: ISNAR OLIVEIRA

08/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLIVEIRA, ISNAR D  
Address: 240 71ST STREET  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: MGRM ( ) Delete  
Name: OLIVEIRA, ISNAR S  
Address: 240 71ST STREET  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OLIVEIRA, ISNAR D  
Address: 16495 NW 27 AVE  
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: MGRM (X) Change ( ) Addition  
Name: OLIVEIRA, ISNAR S  
Address: 16495 NW 27 AVE  
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: SEC ( ) Change (X) Addition  
Name: MARIA, OLIVEIRA  
Address: 16495 NW 27 AVE  
City-St-Zip: MIAMI GARDENS, FL 33054 US

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: ISNAR OLIVEIRA

○

08/13/2007

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