

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103748

FILED
Mar 24, 2009
Secretary of State

Entity Name: UNIVERSITY 441 L.L.C.

Current Principal Place of Business:

16495 NW 27 AVE
MIAMI GARDENS, FL 33054

New Principal Place of Business:

Current Mailing Address:

1249 BISCAYA DRIVE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-5761069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVEIRA, ISNAR
16495 NW 27 AVE
MIAMI GARDENS, FL 33054 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: OLIVEIRA, ISNAR D
Address: 16495 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33054 US

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ISNAR OLIVEIRA

MGRM

03/24/2009

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