2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# M07000007056

Entity Name: ABNK UNIVERSITY TOWN CENTER, LLC

Current Principal Place of Business:

3333 NEW HYDE PARK ROAD, SUITE 100
NEW HYDE PARK, NY 11042

New Principal Place of Business:

3333 NEW HYDE PARK ROAD SUITE 100
NEW HYDE PARK, NY 11042

Current Mailing Address:

3333 NEW HYDE PARK ROAD, SUITE 100
NEW HYDE PARK, NY 11042

New Mailing Address:

3333 NEW HYDE PARK ROAD SUITE 100
NEW HYDE PARK, NY 11042

FEI Number: 26-1544834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: ABNK PENSACOLA UNIVE, RSITY TOWN CEN T ER,LLC
Address: 3333 NEW HYDE PARK ROAD, SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ABNK PENSACOLA UNIVE, RSITY TOWN CEN T ER, LLC
Address: 3333 NEW HYDE PARK ROAD SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

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: CRYSTAL FICKEN POA 04/24/2008

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