


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90055 020 ***138.75

DOCUMENT # L06000102131 1. Entity Name 2720 UNIVERSITY PARKWAY, LLC					
Principal Place of Business 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243			Mailing Address 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box # 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc.		3. Mailing Address 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number APPLIED FOR 26-1729630	
Zip 34243		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CURCI, JUAN C 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name CURCI, JUAN C Street Address (P.O. Box Number is Not Acceptable) 3054 UNIVERSITY PARKWAY City SARASOTA FL Zip Code 34243	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Juan C. Curci</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>042208</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURCI, JUAN C 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURCI, JUAN C 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURCI, MIGUEL A 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Juan C. Curci</u> Date <u>042208</u> Daytime Phone # <u>941 3515310</u>					