

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002153

Entity Name: SL UNIVERSITY, LLLP

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 20-3879652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNIVERSITY GROVE, LLC  
1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442 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

**GENERAL PARTNER INFORMATION:**

Document #: L05000114852  
Name: UNIVERSITY GROVE, LLC  
Address: 1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: UNIVERSITY GROVE, LLC

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/15/2010

\_\_\_\_\_  
Date