2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001209

1. Entity Name
DEVRY FLORIDA LLC

Principal Place of Business	Mailing Address
ONE TOWER LANE, SUITE 1000 OAKBROOK TERRACE, IL 60181	ONE TOWER LANE, SUITE 1000 OAKBROOK TERRACE, IL 60181

04222004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4355756
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000154448
05/04/04-60167-018 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	C
NAME	KELLER, DENNIS J
STREET ADDRESS	ONE TOWER LANE SUITE 1000
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624
TITLE	P
NAME	TAYLOR, RONALD L
STREET ADDRESS	ONE TOWER LANE SUITE 1000
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624
TITLE	VPS
NAME	CASON, MARILYNN J
STREET ADDRESS	ONE TOWER LANE SUITE 1000
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624
TITLE	D
NAME	BOWSHER, CHARLES A
STREET ADDRESS	ONE TOWER LANE SUITE 1000
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624
TITLE	EVP
NAME	SKUBIAK, JOHN O
STREET ADDRESS	ONE TOWER LANE SUITE 1000
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624
TITLE	CFO
NAME	LEVINE, NORMAN M
STREET ADDRESS	ONE TOWER LANE SUITE 1000
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Norman M. Levine 4/26/04 (630) 571-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #