

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000001209 1. Entity Name DEVRY FLORIDA LLC	
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Principal Place of Business ONE TOWER LANE, SUITE 1000 OAKBROOK TERRACE, IL 60181	Mailing Address ONE TOWER LANE, SUITE 1000 OAKBROOK TERRACE, IL 60181
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4355756	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

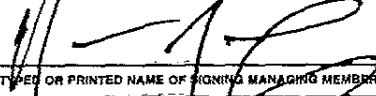
U000000154448

05/04/04-60181-018 150.00

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

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IN THIS SPACE**

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 #