

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90026 009 \*\*\*\*50.00

DOCUMENT # L00000001209

1. Entity Name  
DEVRY FLORIDA LLC



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

Mailing Address  
ONE TOWER LANE, SUITE 1000  
OAKBROOK TERRACE, IL 60181



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
36-4355756

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	C	<input type="checkbox"/> Delete
NAME	KELLER, DENNIS J	
STREET ADDRESS	ONE TOWER LANE SUITE 1000	
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, RONALD L	
STREET ADDRESS	ONE TOWER LANE SUITE 1000	
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWSHER, CHARLES A	
STREET ADDRESS	ONE TOWER LANE SUITE 1000	
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	SKUBIAK, JOHN O	
STREET ADDRESS	ONE TOWER LANE SUITE 1000	
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, NORMAN M	
STREET ADDRESS	ONE TOWER LANE SUITE 1000	
CITY-ST-ZIP	OAKBROOK TERR, IL 601814624	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, DAVID M	
STREET ADDRESS	ONE TOWER LN	
CITY-ST-ZIP	VILLA PARK, IL 60181	

10. ADDITIONS/CHANGES

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Hamburger	
STREET ADDRESS	One Tower Lane	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Pauldine	
STREET ADDRESS	One Tower Lane	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Eppen	
STREET ADDRESS	One Tower Lane	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra S. Rouse	
STREET ADDRESS	One Tower Lane	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/07 (620) 571-7700