

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000006229

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: UNIVERSITY WALK, LLC

## Current Principal Place of Business:

12995 SOUTH CLEVELAND AVENUE, SUITE 214  
FORT MYERS, FL 33907

## New Principal Place of Business:

7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

## Current Mailing Address:

12995 SOUTH CLEVELAND AVENUE, SUITE 214  
FORT MYERS, FL 33907

## New Mailing Address:

7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

FEI Number: 65-1022566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRICE, MARK J ESQ.  
ROETZEL & ANDRESS  
850 PARK SHORE DRIVE, THIRD FLOOR  
NAPLES, FL 34103 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

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: NORTH AMERICAN PROPE, RTIES - SOUTHE A ST, INC  
Address: 12995 SOUTH CLEVELAND AVENUE, SUITE 214  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: NORTH AMERICAN PROPE, RTIES - SOUTHE A ST, INC  
Address: 7500 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUSAN SPREHN FOR NO. AM. PROP. S.E. INC

V

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date