

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009333

FILED
Apr 13, 2009
Secretary of State

Entity Name: UNIVERSITY PARK HOMES, LLC

Current Principal Place of Business:

8441 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201

New Principal Place of Business:

Current Mailing Address:

8441 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201

New Mailing Address:

FEI Number: 06-1622670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDAUF, DAVID H
8441 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201 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/MANAGERS:

Title: MGR () Delete
Name: BALDAUF, DAVID H
Address: 8441 COOPER CREEK BLVD
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: MGRM () Delete
Name: RONALD BENDERSON 1995 TRUST
Address: 8441 COOPER CREEK BLVD
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: MGRM () Delete
Name: WR-II ASSOCIATES, LTD.
Address: 8441 COOPER CREEK BLVD.
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID H BALDAUF

MGR

04/13/2009

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