

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000009575

1. Entity Name
UNIVERSITY TRAIL APARTMENTS, LLC



Principal Place of Business
6538 COLLINS AVE. SUITE 187
MIAMI BEACH, FL 33141

Mailing Address
6538 COLLINS AVE. SUITE 187
MIAMI BEACH, FL 33141

FILED
Jul 18, 2005 08:00 AM
Secretary of State



07012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1129047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELOWITZ, PAUL A ESQ.
ONE SOUTHEAST THIRD AVE.
28TH FLOOR
MIAMI, FL 33131

**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 _____

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ZALDIVAR, FIDEL A 830 SW 129TH PLACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS CARRADEGUAS, VICENTE 830 SW 129TH PLACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000373402
07/18/05-80014-007 55.00

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #

Vicente Carraleguas 7/18/05 (305) 323-2342