2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# L01000009671

Entity Name: UNIVERSITY COMMONS LAND DEVELOPMENT LLC

Current Principal Place of Business:

STE 500
WEST PALM BEACH, FL 33401

New Principal Place of Business:

515 N. FLAGLER DR.
SUITE 500
WEST PALM BEACH, FL 33401

Current Mailing Address:

STE 500
WEST PALM BEACH, FL 33401

New Mailing Address:

515 N. FLAGLER DR.
SUITE 500
WEST PALM BEACH, FL 33401

FEI Number: 06-1626377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: FISH, JOHN F
Address: 65 ALLERTON STREET
City-St-Zip: BOSTON, MA 02119

Title: MGR ( ) Delete
Name: FISH, EDWARD A
Address: 65 ALLERTON STREET
City-St-Zip: BOSTON, MA 02119

ADDITIONS/CHANGES:

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 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: CALEB J. GRIMES, ATTORNEY ATTY 05/03/2005

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