

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90122 005 ****50.00

DOCUMENT # L01000009671

1. Entity Name

UNIVERSITY COMMONS LAND DEVELOPMENT LLC



Principal Place of Business

**515 N. FLAGLER DR., NORTHBRIDGE CENTER
WEST PALM BEACH FL 33410**

Mailing Address

**515 N. FLAGLER DR., NORTHBRIDGE CENTER
WEST PALM BEACH FL 33410**

2. Principal Place of Business

515 N. Flagler Drive

Suite, Apt. #, etc.

Suite 500

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

515 N. Flagler Drive

Suite, Apt. #, etc.

Suite 500

City & State

West Palm Beach, FL

Zip

33401

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1626377**

Applied For

Not Applicable

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

**C T 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **FISH, JOHN F**
STREET ADDRESS **65 ALLERTON STREET**
CITY-ST-ZIP **BOSTON MA 02119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **FISH, EDWARD A**
STREET ADDRESS **65 ALLERTON STREET**
CITY-ST-ZIP **BOSTON MA 02119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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:

EDWARD A. Fish

8/28/03

617-442-0211

CR2E083 (4/03)