

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0038910

DOCUMENT # L01000019119

1. Entity Name

UNIVERSAL VENTURE FUND, L.L.C.



FILED

03 APR 16 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

12800 UNIVERSITY DRIVE, SUITE 240  
FT. MYERS FL 33907

Mailing Address

~~12800 UNIVERSITY DRIVE, SUITE 240~~  
~~FT. MYERS FL 33907~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 60035

Suite, Apt. #, etc.

City & State

City & State  
Fort Myers, FL

4. FEI Number 65-1158617

Applied For

Not Applicable

Zip

Country

Zip

Country

33906

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUXTON, BOLANOS P.A.  
12800 UNIVERSITY DRIVE  
SUITE 340  
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BUIGAS, OJ  
12800 UNIVERSITY DRIVE, SUITE 240  
FT. MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500016117275  
U4/16/03--U1U52--009 \*\*50.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

2-20-03

2395909066

Date

Daytime Phone #

CR2E083 (10/02)