

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90030 038 ****50.00

DOCUMENT # L01000022714

1. Entity Name
UNIVERSAL DEVELOPMENT OF FLORIDA, L.L.C.



Principal Place of Business

100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994

Mailing Address

100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994

DO NOT WRITE IN THIS SPACE



04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

01-0640262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, MARTIN
100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHAFFER, MARTIN
1597 SOUTH PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORGINSTIN, ELI
1597 SOUTH PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #