

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000000967

1. Entity Name
IRP, UD #12, 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



04092007 No 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

UNIVERSAL DEVELOPMENT OF FLORIDA, LLC
100 SW ALBANY AVE.
SUITE 110
STUART, FL 34994

**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 May 1, 2007**

U000000709307
04/24/07-80147-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	UNIVERSAL DEVELOPMENT OF FLORIDA, LLC
STREET ADDRESS	100 SW ALBANY AVE., SUITE 110
CITY-STATE-ZIP	STUART, FL 34994

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
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CITY-STATE-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

4/13/07
Date

772-463-0194
Daytime Phone #