

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003604

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: JOSE MARIA VARGAS UNIVERSITY LLC

**Current Principal Place of Business:**

1881 NW 123 AVENUE  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1881 NW 123RD AVE.  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 16-1643185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HILLMAN-WALLER, LOUIS  
3006 AVIATION AVENUE, PH 4-C  
COCONUT GROVE, FL 33133 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARRA, ALICIA  
Address: 1881 NW 123RD AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: PARRA, ZOBEIDA  
Address: 1881 NW 123RD AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

**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 Chapter 119, 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: ALICIA PARRA

MGRM

02/06/2006

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