


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010599</b> 1. Entity Name UNIVERSITY MANAGEMENT, LLC	
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Principal Place of Business 201 E KENNEDY BLVD., SUITE 1111 TAMPA, FL 33602	Mailing Address 201 E KENNEDY BLVD., SUITE 1111 TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 82-0553588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SILCOX, FRANK C 201 E. KENNEDY BLVD., SUITE 1111 TAMPA, FL 33602
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

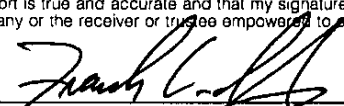
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILCOX, FRANK C 301 S. GRADY AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, THOMAS E 11710 N. ARMENIA AVENUE TAMPA, FL 33612
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U000000789106  
01/22/08-80012-017 138.75

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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:**  **Frank C. Silcox** 1-11-08 813-209-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #