

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000011818	
1. Entity Name WEST UNIVERSITY AVENUE LOFTS, L.L.C.	
Principal Place of Business 118 W ADAMS ST STE 700 JACKSONVILLE, FL 32202	Mailing Address 118 W ADAMS ST STE 700 JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

07092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 25-1914669	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 LANGTON, MICHAEL 118 W. ADAMS ST #700 JACKSONVILLE, FL 32202
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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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LB JAX DEVELOPMENT, L.L.C. 118 W. ADAMS ST #700 JACKSONVILLE, FL 32202
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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: Michael Langton 7/11/07 904.598.1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #