2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011818

1. Entity Name

WEST UNIVERSITY AVENUE LOFTS, L.L.C.



Principal Place of Business

118 W ADAMS ST

STE 700

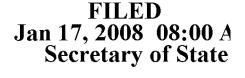
JACKSONVILLE, FL 32202

Mailing Address

118 W ADAMS ST

STE 700

JACKSONVILLE, FL 32202





01102008No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	25-1914669	 	Not Applicable
5.	Certificate of Status Desired	\$5.0	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANGTON, MICHAEL 118 W. ADAMS ST

#700

JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

8. The at	ne State of Florida. I am familiar with, and accept		
SIGNATU	JRE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	TILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		,
TITLE	MGRM	1, 10	en transport of the second of the second
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LB JAX DEVELOPMENT, L.L.C. STREET ADDRESS 118 W. ADAMS ST #700 CITY-ST-ZIP JACKSONVILLE, FL 32202 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-7IP MLE NAME STREET ADDRESS CITY-ST-7IP

000000787261 01/17/08-80075-010 138.75

DO NOT WRITE 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:

TYPED OR PRINTED NAME OF SIG

<u>___</u>___

MICHAEL LANGTON

1/10/08

904.598.1368

Dale

Daytime Phone #