

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012361

FILED
Jan 06, 2009
Secretary of State

Entity Name: UNIVERSITY PLAZA, L.L.C.

Current Principal Place of Business:

1930 HARRISON STREET
SUITE 505
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1930 HARRISON STREET
SUITE 505
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-1648777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, STEVEN B
1930 HARRISON STREET
SUITE 505
HOLLYWOOD, FL 33020 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: BERMAN INVESTMENT GR, OUP, LLC
Address: 1930 HARRISON STREET, STE 505
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: BERMAN, STEVEN B
Address: 1930 HARRISON STREET, STE 505
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: WEIL, MICHAEL J
Address: 3541 N. 31ST TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: STEVE BERMAN

MGRM

01/06/2009

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