

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90350 044 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000015858

1. Entity Name
UNIVERSAL PROPERTY TRUST LLC



Principal Place of Business

**2710 N. ORANGE BLOSSOM TRAIL, SUITE 202
KISSIMMEE, FL 34744**

Mailing Address

**2710 N. ORANGE BLOSSOM TRAIL, SUITE 202
KISSIMMEE, FL 34744**

34005722



04082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0629119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, CHRIS
2710 N. ORANGE BLOSSOM TRAIL, SUITE 202
KISSIMMEE, FL 34744**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. **MANAGING MEMBERS/MANAGERS**

| | |
|----------------|----------------------------------|
| TITLE | MGRM |
| NAME | WILSON, CHRIS |
| STREET ADDRESS | 2710 N ORANGE BLOSSOM TRAIL #202 |
| CITY-ST-ZIP | KISSIMMEE, FL 34744 |
| 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-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND SEAL ON PRINTED NAME OF BOARD MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CHRIS WILSON 5/5/04 4079312008