

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90071 019 ****50.00

DOCUMENT # L02000016850

1. Entity Name
UNIVERSITY PARTNERS OF PENSACOLA, L.L.C.



Principal Place of Business
21 EAST GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

Mailing Address
21 EAST GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

0000832



DO NOT WRITE IN THIS SPACE

07242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-1014395

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMARIA, F. BRIAN
21 EAST GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BRIAN, DEMARIA F
21 E. GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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: *Brian Demaria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-24-06 (880) 301