

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016850

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY PARTNERS OF PENSACOLA, L.L.C.

**Current Principal Place of Business:**

21 EAST GARDEN STREET, SUITE 200  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

21 EAST GARDEN STREET, SUITE 200  
PENSACOLA, FL 32501

**New Mailing Address:**

PO BOX 518  
DESTIN, FL 32540

**FEI Number:** 33-1014395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMARIA, F. BRIAN  
21 EAST GARDEN STREET, SUITE 200  
PENSACOLA, FL 32501 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:** MGR  
**Name:** BRIAN, DEMARIA F  
**Address:** 21 E. GARDEN STREET, SUITE 200  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** DELGALLO, PAM ALLEN  
**Address:** 890 WOODBINE DRIVE  
**City-St-Zip:** PENSACOLA, FL 32503

I hereby 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:** BRIAN DEMARIA

MGR

04/18/2011

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