

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022226

FILED
Mar 04, 2009
Secretary of State

Entity Name: UNIVERSAL INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

12555 BISCAYNE BLVD., SUITE 460
NORTH MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD., SUITE 460
NORTH MIAMI, FL 33131

New Mailing Address:

2497 FAWN DR.
LOXAHATCHEE, FL 33470

FEI Number: 14-1844441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARO, IVAN
12555 BISCAYNE BLVD., SUITE 460
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

CARO, IVAN
2497 FAWN DR.
LOXAHATCHEE, FL 33470 US

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: IVAN CARO

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IVAN, CARO
Address: 12555 BISCAYNE BLVD. # 460
City-St-Zip: MIAMI, FL 33181

Title: MGR () Delete
Name: INGRID, CARO C
Address: 12555 BISCAYNE BLVD. #460
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IVAN, CARO
Address: 2497 FAWN DR.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: INGRID, CARO C
Address: 2497 FAWN DR.
City-St-Zip: LOXAHATCHEE, FL 33470

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: IVAN CARO

MGRM

03/04/2009

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