


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90203 032 ****50.00

DOCUMENT # L02000026025	
1. Entity Name UNIVERSAL PROPERTIES/LANTANA, LLC	

Principal Place of Business 1355 4TH STREET DRIVE NW HICKORY, NC 28601	Mailing Address 1355 4TH STREET DRIVE NW HICKORY, NC 28601
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2. Principal Place of Business 3914 Ridge Rd NE	3. Mailing Address 3914 Ridge Rd NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Conover NC	City & State Conover NC
Zip 28613	Country
Country	Zip 28613
Country	Country

00004013



03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2183521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired. <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DICKENSON, BLAINE C 712 U.S. HIGHWAY ONE STE. 400 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Melvin C. Swendsen Street Address (P.O. Box Number is Not Acceptable) 13036 Coastal Circle City Palm Beach Gardens FL Zip Code 33410
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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 <i>Melvin C. Swendsen</i> DATE 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAVER, DONALD C 530 OCEAN DR #1202 JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 3/16/05 (828) 459-7141 Daytime Phone #