2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # L02000032693 UNIVERSITY PARKWAY PROPERTIES, LLC Mailing Address Principal Place of Business 2801 FRUITVILLE ROAD, SUITE 100 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237 SARASOTA, FL 34237 03292005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0437618 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HRIC, MICHAEL 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237 IN THIS SPACE 3. 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME NELSON, ROBERT R STREET ADDRESS 1452 HILLVIEW DRIVE SARASOTA, FL 34239 CITY-ST-7IP TITLE 30000031**4020** NAME 44/18/15-80143-014 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP YITI F NAME STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #