



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90256 029 ****50.00

DOCUMENT # L02000032693					
1. Entity Name UNIVERSITY PARKWAY PROPERTIES, LLC					
Principal Place of Business 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237			Mailing Address 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 1800 2nd Street		3. Mailing Address 1800 2nd Street		 04232007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 901		Suite, Apt. #, etc. Suite 901			
City & State Sarasota, Florida		City & State Sarasota, Florida			
Zip 34236	Country USA	Zip 34236	Country USA		
4. FEI Number 51-0437618				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 2nd Street, Suite 901 City Sarasota FL Zip Code 34236		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, ROBERT R 1452 HILLVIEW DRIVE SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: <u>Robert R Nelson</u>			Date: <u>4-24-07</u> Daytime Phone #: <u>941-954-1359</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					