2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033583

1. Entity Name UNIVERSITY GROVES DEVELOPMENT, LLC

Mailing Address Principal Place of Business

2801 FRUITVILLE ROAD, STE. 100

SARASOTA, FL 34237

FILED Apr 21, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04042006 No Chg-LLC CR2E083 (11/05)

٤.	FEI Number	
	51-0459781	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Б.	Name and	Address of	Current	Reg	istered	Agent

HRIC, MICHAEL 2801 FRUITVILLE ROAD, STE. 100 SARASOTA, FL 34237

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SARASOTA, FL 34237

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	named entity submits this statement for the purpose of charations of registered agent.	nging its registered office or registered agent, or b	xolts, in the State of Florida. I am familiar with, and accept			
SIGNATURE.						
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE			
F D	iling Fee is \$50.00 ue by May 1, 2008					
g.	MANAGING MEMBERS/MANAGERS					
name Street address City-St-Zip	MGR NELSON, ROBERT R 1452 HILLVIEW DRIVE SARASOTA, FL 34239		uaaaaa526a23			
TITLE NAME SIRELI ADDRESS CITY-ST-ZIP			05/04/06-80057-025 50.00			
title Name Street address City-St-Zip		DC	NOT WRITE			
TITLE NAME STREET ADDRESS CHY-ST-ZIP		IN	IN THIS SPACE			
TITLE Name Street address City-St-Zip	-					
		.				

11. I hereby certify that the information supplied with this filling 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 eppowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytims Phone #