


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90256 028 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000033583	
<b>1. Entity Name</b> UNIVERSITY GROVES DEVELOPMENT, LLC	

<b>Principal Place of Business</b> 2801 FRUITVILLE ROAD, STE. 100 SARASOTA, FL 34237	<b>Mailing Address</b> 2801 FRUITVILLE ROAD, STE. 100 SARASOTA, FL 34237
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**60048020**



<b>2. Principal Place of Business - No P.O. Box #</b> 1800 2nd Street Suite, Apt. #, etc. Suite 901 City & State Sarasota, Florida Zip 34236 Country USA	<b>3. Mailing Address</b> 1800 2nd Street Suite, Apt. #, etc. Suite 901 City & State Sarasota, Florida Zip 34236 Country USA
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04232007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 51-0459781	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HRIC, MICHAEL 2801 FRUITVILLE ROAD, STE. 100 SARASOTA, FL 34237	
<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, ROBERT R 1452 HILLVIEW DRIVE SARASOTA, FL 34239 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:** Robert R Nelson **4-24-07** **941-954-1359**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #