2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000033861

Entity Name
 UNIVERSITY GROVE II. LLC



Principal Place of Business

Place of Business

8433 ENTERPRISE CIRCLE

SUITE 210 BRADENTON, FL 34202 Mailing Address

8433 ENTERPRISE CIRCLE

SUITE 210

BRADENTON, FL 34202

FILED May 02, 2005 08:00 AM Secretary of State



04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P 2033 MAIN STREET SUITE 600 C/O ICARD, MERRILL, CULLIS, TIMM, FUREN & SARASOTA, FL 34237

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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

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCOEY, INC 3301 WHITFIELD AVENUE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
THEE NAME STREET ADDRESS CHY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

MANAGING MEMBERS/MANAGERS

U00000356500 05/04/05-80038-002 50.00

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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)(f), 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:

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

Pales

941-907-9049

Daytime Phone #