

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90030 004 \*\*\*138.75

**DOCUMENT # L02000033861**

1. Entity Name  
**UNIVERSITY GROVE II, LLC**



Principal Place of Business  
**8433 ENTERPRISE CIRCLE  
SUITE 210  
BRADENTON, FL 34202**

Mailing Address  
**8433 ENTERPRISE CIRCLE  
SUITE 210  
BRADENTON, FL 34202**

00043441



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

90-0081917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**Donald D. Clark, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8433 Enterprise Circle**  
**Suite 120**

City  
**Bradenton**

FL

Zip Code  
**34202**

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

*Donald D. Clark*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-24-2008**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ROCOEY, INC  
3301 WHITFIELD AVENUE  
SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

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

*Steven E. Baker*  
**Steven E. Baker, Secretary, Rocoey Inc.**

**4/24/08**  
Date

**941-907-9044**  
Daytime Phone #