

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034467

**FILED**  
**Apr 20, 2004**  
**Secretary of State**

**Entity Name:** UNIVERSAL INVESTMENT FUND, L.L.C.

**Current Principal Place of Business:**

12800 UNIVERSITY DR  
SUITE 240  
FT MYERS, FL 33907

**New Principal Place of Business:**

12800 UNIVERSITY DRIVE  
SUITE 275  
FT MYERS, FL 33907 US

**Current Mailing Address:**

P.O. BOX 60035  
FORT MYERS, FL 33906

**New Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE 275  
FORT MYERS, FL 33907 US

**FEI Number:** 57-1147536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DR  
SUITE 340  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

PREISS, MICHELLE A  
12800 UNIVERSITY DRIVE  
SUITE 275  
FT MYERS, FL 33907 US

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.

SIGNATURE: MICHELLE A. PREISS

04/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BUIGAS, OJ  
Address: 12800 UNIVERSITY DR SUITE 240  
City-St-Zip: FT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUIGAS, OJ  
Address: 12800 UNIVERSITY DR SUITE 275  
City-St-Zip: FT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OJ BUIGAS

MGR

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date