LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # L02000034467 1. Entity Name 03 APR 16 PM 2: 10 Universal Investment Fund, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12800 University Drive PO Box 60035 Suite, Apt. #, etc. Suite 240 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Fort Myers, FL City & State Applied For 4. FEI Number Fort Myers, FL Not Applicable Zip 33906 Country ^{Zip} 33907 Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Bolanos Truxton, PA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 12800 University Drive, Suite 340 City Fort Myers 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 a FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE MGR CR2E083B (12/02) TITLE NAME Buigas, OJ 300016117293 STREET ADDRESS STREET ADDRESS 12800 University Drive, Suite 240 CITY-ST-ZIP um/is/us--uiU52--U10 **50.00 CITY-ST-7IP Fort Myers, FL 33907 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 acquired 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 flability company or the legality of privates empowered to execute this report as required by Chapter 608, Florida Statutes.

2 -20 -03