

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034529

Entity Name: 400 UNIVERSITY, LLC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

400 UNIVERSITY DR SUITE 200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 41-2072476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILFORD, F. W. ZEKE
400 UNIVERSITY DRIVE
200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUILFORD, F. W. MORT
Address: 400 UNVIERSITY DR SUITE 200
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: GUILFORD, F. W. ZEKE
Address: 400 UNIVERSITY DR SUITE 200
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: F.W. MORT GUILFORD

MGRM

04/09/2009

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