

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000034534

Entity Name: 400 UNIVERSITY, LLC

FILED  
Oct 05, 2005  
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:**

400 UNIVERSITY DR SUITE 200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 41-2072476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GUILFORD, F. W. ZEKE  
2222 PONCE DE LEON BLVD.  
502  
CORAL GABLES, FL 33134 US

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

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

10/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUILFORD, F. W. MORT  
Address: 400 UNIVERSITY 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 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: F.W. MORT GUILFORD

MGRM

10/05/2005

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