FILED Jul 09, 2004 8:00 am Secretary of State

2004	ANNUAL REPORT

DOCUMENT # L02000035138 04-26-2004 90035 013 ****50 00 UNIVERSITY OFFICE CENTER, LLC Mailing Address Principal Place of Business 3006 AVIATION AVENUE STE. 2-A 3006 AVIATION AVENUE STE. 2-A 34009171 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 ishorodi 07062004 Chg-LLC CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered A 7. Name and Address of New Registered Agent LOPEZ-GARCIA, JORGE L 395 ALHAMBRA CIRCLE STE. 301 CORAL GABLES, FL: 33134 8. The above named pritity subm 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) redistered agent and title if applicable. Judo Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 🗤 TITLE MGR TITLE ☐ Addition Delete⁶ Change Change KEY REAL ESTATE DEVELOPMENT CORP NAME -NAME 3006 AVIATION AVENUE STE. 2-A STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ĆITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Defete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 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 of the receiver or typistee empowered to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE** D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #