## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L02000035138

1. Entity Name UNIVERSITY OFFICE CENTER, LLC



Principal Place of Business

2601 S. BAYSHORE DRIVE

#200

MIAMI, FL 33133 US

Mailing Address

2601 S. BAYSHORE DRIVE

#200

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33133

## **FILED** Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90049 043 \*\*\*\*50.00



03242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 65-0601912 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 

Fee Required

6. Name and Address of Current Registered Agent

AVILA, EDUARDO 2601 SOUTH BAYSHORE DRIVE **SUITE #200** MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

<ol><li>The above the obligation</li></ol>	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registere	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Pagetores	I Agent signature required when reinstating)	h.re
F	iling Fee is \$50.00 ue by May 1, 2006	(NOTE: Neglisia su	Agent signature required within reinstating)	DATE
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEY REAL ESTATE DEVELOPMENT CORP 2601 S. BAYSHORE DRIVE, #200 MIAMI, FL 33133			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-2(P TITLE NAME STREET ADDRESS CITY-ST-ZIP

EDUARDO RINJED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3/29/06