

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90030 009 ****50.00

DOCUMENT # L03000008800

1. Entity Name
UNIVERSITY WAREHOUSES, LLC



Principal Place of Business
427 S. NEW YORK AVENUE
WINTER PARK, FL 32789 US

Mailing Address
427 S. NEW YORK AVENUE
WINTER PARK, FL 32789 US

2. Principal Place of Business

3. Mailing Address

515 WOODLAND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

Zip

Country

Zip

32806

Country

USA

03292004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

06-1682837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIFE, JOHN M JR.
427 S. NEW YORK AVENUE
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RIFE, JOHN M JR.
STREET ADDRESS 427 S. NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME JOHNSON, C. A II
STREET ADDRESS 6649 AMORY COURT, SUITE 8
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE MGRM ☐ Change ☒ Addition
NAME HERLONG, W.F. III
STREET ADDRESS 515 WOODLAND ST.
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *W.F. Herlong III* **W.F. HERLONG III** **4/14/04** **407-616-0502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #