

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90149 007 ****50.00

DOCUMENT # L03000009066

1. Entity Name
UNIVERSITY CLUB APARTMENTS/GULF COAST, L.L.C.



Principal Place of Business
7995B PRESERVE CIRCLE
NAPLES, FL 34119

Mailing Address
7995B PRESERVE CIRCLE
NAPLES, FL 34119

24064444



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

56-2350431

Not Applicable

Zip

Country

Zip

Country

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

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY STE. 115
NAPLES, FL 34105

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 POTESTIO, FRANK P JR
STREET ADDRESS 7995B PRESERVE CIRCLE
CITY - ST - ZIP NAPLES, FL 34119

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

TITLE MGRM ☐ Delete
NAME FINKELSTEIN, EDWARD S
STREET ADDRESS 17842 ARGYLE TERRACE
CITY - ST - ZIP BOCA RATON, FL 33496

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

TITLE MGRM ☒ Delete
NAME CONROY, J. THOMAS III
STREET ADDRESS 2640 GOLDEN GATE PARKWAY STE. 115
CITY - ST - ZIP NAPLES, FL 34105

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

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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:

Frank Potestio Jr/Partner

3-26-04

(239) 593-9643

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

Date

Daytime Phone #