2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90020 002 ***138.75

DOCUMENT # L03000009066

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

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

04012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2235 Venetian Court	2235 Venetian Ct.
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State Naples, FL	City & State Naples, FL
Zip 34109 Country USA	Zip 34109 Country USA

4. FEI Number 56-2350431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
2210 VANDERBILT BEACH ROAD, SUITE 1201
NAPLES, FL 34109

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete UNIVERSITY CLUB APARTMENTS/MM, INC. ~~7995-B PRESERVE CIRCLE~~ ~~NAPLES, FL 34119~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2235 Venetian Ct. #3 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK POTESTIO, JR. 4-7-08 239-593-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #