

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90140 041 \*\*\*\*55.00

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01112005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000023318</b> 1. Entity Name 22ND UNIVERSITY, L.C.																													
Principal Place of Business 12108 NORTH 56TH STREET, SUITE 3 & 5 TAMPA, FL 33617			Mailing Address 12108 NORTH 56TH STREET, SUITE 3 & 5 TAMPA, FL 33617																										
2. Principal Place of Business 2901 W. Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA FLORIDA Zip 33618 Country USA		3. Mailing Address 2901 W. Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA, FLORIDA Zip 33618 Country USA		4. FEI Number 13-4274131 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BEKIEMPIS, VINCENT 12108 N 56TH STREET TAMPA, FL 33617																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2901 W. Busch Blvd #901 City TAMPA FL Zip Code 33618				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  VINCENT BEKIEMPIS <small>(NOTE: Registered Agent signature required when resigning)</small>																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEKIEMPIS, VINCENT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12108 N 56TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33619</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	BEKIEMPIS, VINCENT		STREET ADDRESS	12108 N 56TH STREET		CITY-ST-ZIP	TAMPA, FL 33619		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">2901 W. Busch Blvd #901</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TAMPA, FL 33618</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2901 W. Busch Blvd #901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TAMPA, FL 33618		STREET ADDRESS			CITY-ST-ZIP		
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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:  VINCENT BEKIEMPIS (813) 915-9727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																										