


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-19-2004 90040 036 \*\*\*\*50.00

<b>DOCUMENT # L03000039286</b> 1. Entity Name <b>UVAF/FORT LAUDERDALE, LLC</b>					
Principal Place of Business <b>630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462</b>			Mailing Address <b>630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. <b>Suite 300</b> City & State Zip      Country		
4. Fee Number <b>36-4548054</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Urdang, E. Scott</b> <b>Urdang, 630 W. Germantown Pike</b> <b>Plymouth Meeting, PA 19462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 300</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Blum, David</b> <b>630 W. Germantown Pike, Ste300</b> <b>Plymouth Meeting, PA 19462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Sanfilippo, Vincent</b> <b>630 W. Germantown Pike, Ste300</b> <b>Plymouth Meeting, PA 19462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Greco, Mark</b> <b>630 W. Germantown Pike, Ste300</b> <b>Plymouth Meeting, PA 19462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ferst, Richard J.</b> <b>630 W. Germantown Pike, Ste300</b> <b>Plymouth Meeting, PA 19462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>David J. Blum</u> <b>David J. Blum</b> <b>4-16-04</b> <b>610-834-9500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

**34004958**



MOORE CR2E083 (11/03)