

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L03000039286

1. Entity Name
UVAF/FORT LAUDERDALE, LLC



Principal Place of Business

630 W. GERMANTOWN PIKE, SUITE 321
PLYMOUTH MEETING, PA 19462

Mailing Address

630 W. GERMANTOWN PIKE, SUITE 321
PLYMOUTH MEETING, PA 19462



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4548054

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME URDANG, E. SCOTT
STREET ADDRESS 630 W. GERMANTOWN PIKE, SUITE 300
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE VS
NAME BLUM, DAVID
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE V
NAME SANFILIPPO, VINCENT
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE V
NAME GRECO, MARK
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE D
NAME FERST, RICHARD J
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE300
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000743710
05/15/07-80120-009:50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #