2004 LIMITED LIABILITY COMPANY

Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT 04-28-2004 90061 021 ****50.00 **DOCUMENT # L03000041944** UNIVERSITY CLUB PARTNERS, LLC Principal Place of Business Mailing Address 24056930 P.O. BOX 1925 227 W. NEW ENGLAND AVE WINTER PARK, FL 32790-1925 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State Not Applicable 050589141 Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'KEEFE, DAN Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVE **SUITE 1000** ORLANDO, FL 32801 City 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. 進長 编画设计 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE Delete TITLE ☐ Change ■ Addition NAME OLSON, PATRICK F NAME STREET ADDRESS 227 W. NEW ENGLAND AVE. - STE. C STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGR Change TITLE TITLE ☐ Defete ☐ Addition ANDREW, TODD M NAME NAME STREET ADDRESS 227 W. NEW ENGLAND AVE. - STE. C STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Addition ☐ Delete TITLE □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby 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.

FILED

JRE: Patrick.F. Olson, MGRM 4/16/04 407-629-4776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylong Phone # SIGNATURE: