

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 23, 2006  
Secretary of State**

DOCUMENT# L03000056149

Entity Name: R & T 5321 UNIVERSITY, LLC

**Current Principal Place of Business:**

8286 WESTERN WAY CIRCLE  
SUITE C-2  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

8286 WESTERN WAY CIRCLE  
SUITE C-2  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 90-0178655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIENER, WILLIAM CPA  
8286 WESTERN WAY CIRCLE  
SUITE C-2  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KANNER, ROSE W MGR  
Address: 2822 RIDGEFIELD COURT  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGR (X) Delete  
Name: WIENER, WILLIAM MGR  
Address: 8286 WESTERN WAY CIRCLE # C-2  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSE W. KANNER

MGR

10/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date