


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90170 014 \*\*\*\*50.00

<b>DOCUMENT # L04000006275</b> 1. Entity Name <b>DEAN PROPERTY DEVELOPMENT, LLC</b>					
Principal Place of Business <b>215 N EOLA DR ORLANDO, FL 32801</b>			Mailing Address <b>215 N EOLA DR ORLANDO, FL 32801</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>16-1697265</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOROVITZ, AARON J 215 N EOLA DR ORLANDO, FL 32801</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM UNIVERSITY DEAN, LLC 3361 ROUSE ROAD SUITE 235 ORLANDO, FL 32817</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM UNIVERSITY DEAN, LLC 3361 ROUSE ROAD, SUITE 235 ORLANDO, FLORIDA 32817</b> <input checked="" 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	
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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 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.					
<b>UNIVERSITY DEAN, LLC</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**AARON J. GOROVITZ, MANAGER**

**LOWNDES  
DROSDICK  
DOSTER  
KANTOR &  
REED, P.A.**

Attorneys at Law

**ATTACHMENT**  
60014063  
#L04000006275  
215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801

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GAIL S. ANDRÉ  
PARALEGAL, CORPORATE DEPARTMENT  
North Eola Drive Office  
Direct Dial: (407) 418-6203  
E-mail: gail.andre@lowndes-law.com

February 6, 2006

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

7005 1820 0003 0102 1220

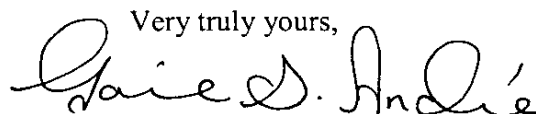
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314-6478

**Re: 2006 Limited Liability Company Annual Report  
Dean Property Development, LLC**

Dear Sir/Madam:

Enclosed herewith for filing please find an executed 2006 Limited Liability Company Annual Report for Dean Property Development, LLC, together with our firm's check number 180137 payable to the Florida Department of State in the amount of \$50.00 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,  


Gail S. André  
Corporate Paralegal to  
Aaron J. Gorovitz

GSA/cj  
Enclosures  
0038556/101741/722603/68

c: Aaron J. Gorovitz, Esquire