

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017288

FILED  
Sep 16, 2005  
Secretary of State

**Entity Name:** UNIVERSITY INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

30095 NORTHWESTERN HIGHWAY, SUITE 300  
FARMINGTON HILLS, MI 48334

**New Principal Place of Business:**

**Current Mailing Address:**

30095 NORTHWESTERN HIGHWAY, SUITE 300  
FARMINGTON HILLS, MI 48334

**New Mailing Address:**

FEI Number: 75-3147805      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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

LEONARD E. ZEDECK, ESQ.  
13790 NW 4TH STREET  
SUITE 113  
SUNRISE, FL 33325 US

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: LEONARD ZEDECK

09/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KARCHO, HANNA  
Address: 30095 NORTHWESTERN HIGHWAY, SUITE 300  
City-St-Zip: FARMINGTON HILLS, MI 48334

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: HANNA KARCHO

MGRM

09/16/2005

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