


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90027 040 ****50.00

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| DOCUMENT # L04000026453 1. Entity Name W/B UNIVERSITY SHOPPING CENTER GP, LLC |  |
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| Principal Place of Business 2665 S BAYSHORE DR, STE 1002 MIAMI, FL 33133 2121 Ponce de Leon Blvd, #1250 CORAL GABLES, FL 33134 | Mailing Address 2665 S BAYSHORE DR, STE 1002 MIAMI, FL 33133 2121 Ponce de Leon Blvd, #1250 CORAL GABLES, FL 33134 |
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04262006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-1044894 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent STEARNS WEAVER MILLER, ET AL C/O RICHARD E. SCHATZ 150 W FLAGLER ST, STE 2200 MIAMI, FL 33130 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEISER, WARREN 2665 S BAYSHORE DR, # 1002 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROOKS, CAROL 2665 S BAYSHORE DRIVE, # 1002 MIAMI, FL 33133 |
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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:  **WARREN P. WEISER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/26/06
Date

305-854-7342
Daytime Phone #