FILED Apr 30, 2007 8:00 am Secretary of State

200	CHAILED LIABILITY COMPA	14 1
	ANNUAL REPORT	

Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additions Fee Required Status Desired \$5.00 Additions Fee Required Status Desired Status Desired \$5.00 Additions Fee Required Status Desired Stat	DOCUMENT # L04000026453 1. Entity Name W/B UNIVERSITY SHOPPING CENTER GP, LLC						04-30-2007	90053 02:	3 ****5	0.00
Silter, Apt. 4, etc. City & State City & State	2121 PONCE DE LEON BLVD #1250		2121 PONCE DE LEON BLVD #1250							
City & State City & State City & State City & State Country Zip Country Zip Country E. Name and Address of Current Registered Agent T. Name and Address of State Desired Fee Required Fee Required STEARNS WEAVER MILLER, ET AL CIOR RICHARD E. SCHATZ 150 W FLAGLER ST, STE 2200 MIAMI, FL 33130 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Rorde. I am familiar with, and a fine children or registered agent. or both, in the State of Rorde. I am familiar with, and a fine children or registered agent. or both, in the State of Rorde. I am familiar with, and a fine children or registered agent. or both, in the State of Rorde. I am familiar with, and a fine both by May 1, 2007 Filling Fee is \$50,000 But by May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE MOREM WAS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY ST 2P MIAMI, FL 33133 THE MOREM BROOKS, CAROL BROOKS, CARO	2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
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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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent agent are required when inimitating) DATE	C/O RICHA 150 W FLA	ARD E. SCHATZ AGLER ST, STE 2200			ddress (f	P.O. Box Numb	per is Not Acceptable)		
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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 informatic indicated on this report is true, and accurate and that my signature shall have the same legal effect as if made under eath; 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.	11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	the same legal effe report as required	ontained ect as if m by Chapt	in Chapter 119 nade under oat ter 608, Florida), Florida Statutes. I fu th; that I am a manag i Statutes.	ging member o	r manager	r of the