

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026453

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** W/B UNIVERSITY SHOPPING CENTER GP, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD #1250  
CAROL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD #1250  
CAROL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1044894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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:** MGRM  
**Name:** WEISER, WARREN  
**Address:** 2121 PONCE DE LEON BLVD #1250  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** BROOKS, CAROL  
**Address:** 2121 PONCE DE LEON BLVD #1250  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** TAMY CONRADO

AP

02/23/2010

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