

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90296 029 ****50.00

DOCUMENT # L04000054772

1. Entity Name

LJS UNIVERSITY DRIVE LLC



Principal Place of Business

4460 SHISLER ROAD
CLARENCE NY 14031

Mailing Address

P.O. BOX 381
CLARENCE NY 14031



2. Principal Place of Business

14206 DEVINGTON
WAY

3. Mailing Address

14206 DEVINGTON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

08-6328288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE J
14520 FARRINGTON WAY, #206
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

SMITH LAWRENCE J

Street Address (P.O. Box Number is Not Acceptable)

14206 DEVINGTON WAY

City

FT MYERS

FL

Zip Code

33912

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

LAWRENCE J SMITH

2/12/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME SMITH, LAWRENCE J
STREET ADDRESS P.O. BOX 381
CITY-ST-ZIP CLARENCE NY 14031

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR. ☒ Change ☐ Addition
NAME SMITH LAWRENCE J
STREET ADDRESS 14206 DEVINGTON WAY
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LAWRENCE J SMITH

2/12/06

239-225-9094

716-759-2499