


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90015 013 ****50.00

DOCUMENT # L04000059305 1. Entity Name UNIVERSITY PINES, LLC	
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Principal Place of Business 7280 NW 8 ST SUITE 201 MIAMI, FL 33126 US	Mailing Address PO BOX 558087 MIAMI, FL 33255 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1105752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, JORGE
7280 NW 8 STREET
MIAMI, FL 33126**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE 7280 NW 8 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARO, RENE 7280 NW 8 ST MIAMI, FL 33126
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IN THIS SPACE**

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: Jorge Gonzalez 1/5/07 305-663-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #