


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90025 050 \*\*\*\*50.00

**DOCUMENT # L04000064993**

1. Entity Name  
 78 UNIVERSITY, LLC



Principal Place of Business  
 1730 EAST COMMERCIAL BLVD.  
 FT. LAUDERDALE, FL 33334

Mailing Address  
 1730 EAST COMMERCIAL BLVD.  
 FT. LAUDERDALE, FL 33334

14002801



2. Principal Place of Business  
 2101 W. Commercial Blvd  
 Suite, Apt. #, etc.  
 SUITE 2800

3. Mailing Address  
 2101 W. Commercial Blvd  
 Suite, Apt. #, etc.  
 SUITE 2800

04252005 Chg-LLC CR2E083 (10/03)

City & State  
 FT LAUDERDALE FL

City & State  
 FT LAUDERDALE FL

Zip  
 33309

Country  
 USA

Zip  
 33309

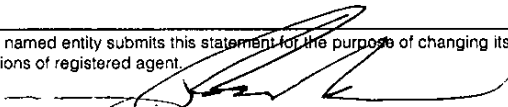
Country  
 USA

4. FEI Number  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, ROBERT S 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309	Name Robert S. Forman
	Street Address (P.O. Box Number is Not Acceptable)
	2101 West Commercial Blvd., Suite 2800
	City Fort Lauderdale
	State FL
	Zip Code 33309

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  Robert S. Forman DATE 4/25/05

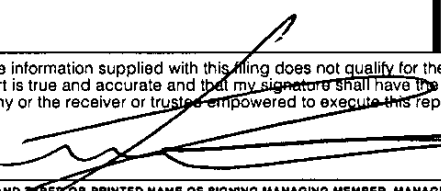
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIMM, KENNETH L 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 W. Commercial Blvd, Suite 2800 FORT LAUDERDALE FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/25/05 (954) 492-1980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kenneth L. Shimm, Managing Member