# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 21, 2008**
**Secretary of State**

DOCUMENT# L04000067197

**Entity Name:** UNIVERSITY PROFESSIONAL OFFICES, LLC

**Current Principal Place of Business:**

500 UNIVERSITY BOULEVARD
215
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

500 UNIVERSITY BOULEVARD
215
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number: 20-1684609** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRIELOW, GARY R
500 UNIVERSITY BOULEVARD
#215
JUPITER, FL 33458 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 | ( ) Delete |
| Name: | KRIELOW, GARY R | |
| Address: | 500 UNIVERSITY BLVD #215 | |
| City-St-Zip: | JUPITER, FL 33458 | |
| Title: | MGRM | ( ) Delete |
| Name: | DYTRYCH, MARTIN A | |
| Address: | 500 UNIVERSITY BOULEVARD #215 | |
| City-St-Zip: | JUPITER, FL 33458 | |
| Title: | MGRM | ( ) Delete |
| Name: | ROSENKRANCE, GARTH E | |
| Address: | 500 UNIVERSITY BOULEVARD #215 | |
| City-St-Zip: | JUPITER, FL 33458 | |
| Title: | MGRM | ( ) Delete |
| Name: | WAGNER, JOANN L | |
| Address: | 500 UNIVERSITY BOULEVARD #215 | |
| City-St-Zip: | JUPITER, FL 33458 | |
| Title: | MGRM | ( ) Delete |
| Name: | DILLON, MICHAEL R | |
| Address: | 500 UNIVERSITY BOULEVARD #215 | |
| City-St-Zip: | JUPITER, FL 33458 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARTIN DYTRYCH MGR 01/21/2008

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