

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90009 032 \*\*\*\*50.00

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<b>DOCUMENT # L04000069475</b> 1. Entity Name UNIVERSITY 3396, LLC			
Principal Place of Business 2600 ISLAND BOULEVARD, UNIT #708 AVENTURA, FL 33160		Mailing Address 2600 ISLAND BOULEVARD, UNIT #708 AVENTURA, FL 33160	
2. Principal Place of Business <b>2600 ISLAND BOULEVARD</b> Suite, Apt. #, etc. <b>APT. 705</b> City & State <b>AVENTURA, FLORIDA</b> Zip <b>33160</b> Country <b>USA</b>		3. Mailing Address <b>2600 ISLAND BOULEVARD</b> Suite, Apt. #, etc. <b>APT. 705</b> City & State <b>AVENTURA, FLORIDA</b> Zip <b>33160</b> Country <b>USA</b>	
4. FEI Number <b>20-1658881</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  ROSEN, BORIS 150 S.E. 2ND AVENUE, SUITE 1200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALAC, EDGAR 2600 ISLAND BOULEVARD, UNIT #708 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALAC, EDGAR 2600 ISLAND BOULEVARD - APT. 705 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALAC, FERNANDO 2600 ISLAND BOULEVARD, UNIT #708 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALAC, FERNANDO 2600 ISLAND BOULEVARD - APT. 705 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GEBLSPAN, BERNARDO G 2600 ISLAND BOULEVARD, UNIT #708 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GELBSPAN, BERNARDO G 2600 ISLAND BOULEVARD - APT. 705 AVENTURA, FL 33160
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
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.			
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>EDGAR HALAC</b>		1/14/05 305-6105141 Date Daytime Phone #	