


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90144 003 ****50.00

DOCUMENT # L04000082418	
1. Entity Name UNIVERSITY ECON, LLC	

Principal Place of Business 1009 MAITLAND CENTER COMMONS BOULEVARD SUITE 210 MAITLAND, FL 32751	Mailing Address 1009 MAITLAND CENTER COMMONS BOULEVARD SUITE 210 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box # 505 Maitland Ave Suite, Apt. #, etc. Suite 1350 City & State Altamonte Springs FL Zip 32701 Country USA	3. Mailing Address PO Box 940605 Suite, Apt. #, etc. City & State Maitland FL Zip 32794-0605 Country USA
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01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 90-0235927	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 PRATT, JAMES R ESQ. 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, MICHAEL 1009 MAITLAND CENTER COMMONS BLVD. #210 MAITLAND, FL 327510605 <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

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: Michael Calhoun **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date _____ Daytime Phone # _____