2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90058 030 ****50.00

DOCUMENT # L04000085855 1. Entity Name UNIVERSITY GROUP, LLC						01-17-200	6 90058 030	,	30.00	
Principal Place of Business 7280 NW 8 ST. MIAMI, FL 33126		Mailing Address 7280 NW 8 ST. MIAMI, FL 33126		20000771						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006	Chg-LLC	CR2E083 (I 1/05)			
City & State		City & State		4. FEI Numb	er D FOR 20 -	2168056	Ap No	plied For t Applicable		
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		00 Add Required		
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New R	tegistered Agen	t		
GONZALE 7280 NW 8 MIAMI, FL			Street Address		(P.O. Box Number is Not Acceptable)					
			City				FL ³	Zip Code)	
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	d office or register	red agent, or bo	th, in the State of Flo	orida. I am famili	ar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	Agent signatura required	d when reinstating)		DATE			
Fi	iling Fee is \$50.00 ue by May 1, 2006					Make check payable to Florida Department of State				
9.	·	BERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE 7280 NW 8 ST MIAMI, FL 33126	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARO, JUAN R 7280 NW 8 ST MIAMI, FL 33126	□ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	T ADDRESS ST-ZIP				Change	☐ Addition	
indicated	certify that the information supplied videntification is true and accurate a shill to company or the reserve or trus	that my signature shall have to the empowered to execute this r	report as	required by Chap CM2CM2/	nade under oatr	n; that I am a manag	urther certify that ging member or 305-66	manage	r of the	
	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESE	ENTATIVE	Date	Daytime	Phone #		