

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90321 028 \*\*\*\*50.00

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|  |                         |  |   |  |  |
|--|-------------------------|--|---|--|--|
| <b>DOCUMENT # L05000029664</b><br>1. Entity Name<br><b>UNIVERSITY PROPERTIES, LLC</b>  |                         |  |   |  |  |
| Principal Place of Business<br><b>P.O. BOX 7308<br/>DAYTONA BEACH, FL 32116</b>  |                         |  | Mailing Address<br><b>P.O. BOX 7308<br/>DAYTONA BEACH, FL 32116</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                         | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                         | City & State   |   |  |  |
| Zip  | Country                 | Zip  | Country   | 4. FEI Number<br><b>20-2763749</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                         |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                         |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>VANDERVEER, WILLIAM<br/>4120 S ATLANTIC AVE<br/>DAYTONA BEACH, FL 32127</b>   |                         |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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<br/>Due by May 1, 2007</b>  |                         | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                         |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE  | MGR                     | <input type="checkbox"/> Delete                              | TITLE   | MGR  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | VANDERVEER, WILLIAM     |  | NAME  | Vanderveer, William E  |  |
| STREET ADDRESS   | 4120 S ATLANTIC AVE     |  | STREET ADDRESS  | 4120 S ATLANTIC AVE  |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32127 |  | CITY-ST-ZIP   | Daytona Beach, FL 32127  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                              | TITLE   | MGR  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                         |  | NAME  | Vanderveer, William G  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  | 4120 S ATLANTIC AVE  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   | Daytona Beach, FL 32127  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                              | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                              | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                              | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |  |  |
| 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. |                         |  |   |  |  |
| <b>SIGNATURE:</b> <u>William Vanderveer</u> <u>William Vanderveer</u> <u>4/16/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                         |  |   |  |  |