



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Mar 23, 2006 8:00 am
Secretary of State

03-08-2006 90039 022 ****50.00

DOCUMENT # L05000044181			
1. Entity Name 2801-301 UNIVERSITY LLC			
Principal Place of Business 2801 N UNIVERSITY DR 301 CORAL SPRINGS, FL 33065 US		Mailing Address 2801 N UNIVERSITY DR 301 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIEGELAUB, STEVEN 2801 N UNIVERSITY DR 301 CORAL SPRINGS, FL 33065		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGELAUB, STEVEN 2801 N UNIVERSITY DR 301 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2833312 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



ATTACHMENT
30003018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

2801-301 UNIVERSITY LLC
2801 N UNIVERSITY DR
301
CORAL SPRINGS, FL 33065 US

Subject: 2801-301 UNIVERSITY-LLC

Reference Number: L05000044181

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION