2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

SIGNATURE:
BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

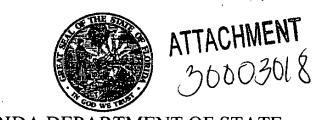
03-08-2006 90039 022 ****50.00 **DOCUMENT #L05000044181** 2801-301 UNIVERSITY LLC Principal Place of Business Mailing Address 2801 N UNIVERSITY DR 2801 N UNIVERSITY DR CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2833312 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIEGELAUB, STEVEN Street Address (P:O. Box Number is Not Acceptable) 2801 N UNIVERSITY DR CORAL SPRINGS, FL 33065 City 1. 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 SIGNATURE Signature, typed or printed name of registered agent and lide if applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9, ADDITIONS/CHANGES 10. MGR TITLE TITLE NAME SIEGELAUB, STEVEN NAME 2801 N UNIVERSITY DR 301 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Dalate TIFLE ☐ Change Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZP CITY-ST-ZIP TITLE TETE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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Date

Daytime Phone #

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



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 <u>has not been filed</u> 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