


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000049469</b>                |  |
| <b>1. Entity Name</b><br>UNIVERSITY PARK, LLC |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>13924 7TH STREET<br>DADE CITY FL 33525 | <b>Mailing Address</b><br>13924 7TH STREET<br>DADE CITY FL 33525 |
|--|--|



|   |         |                           |         |
|---|---------|---------------------------|---------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.       |         |
| City & State  |         | City & State              |         |
| Zip   | Country | Zip                       | Country |

1st MOORE CR2E083 (10/07)

|   |   |
|---|---|
| <b>4. FEI Number</b><br>20-3071742  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>JOHNSON, LEONARD H<br>37837 MERIDIAN AVENUE<br>SUITE 100<br>DADE CITY FL 33525 |
|--|

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee if applicable) **DATE** \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                          |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br>ROBERTS, DUANE E<br>13924 7TH STREET<br>DADE CITY FL 33525 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br>SMITH, THOMAS E<br>13924 7TH STREET<br>DADE CITY FL 33525 <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br>ROBERTS, KEVIN T<br>13924 7TH STREET<br>DADE CITY FL 33525 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                                 |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000826967<br>02/21/08-80071-004 143.75 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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 Section 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:**  **2/11/08 (352) 567-6581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE