

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062013

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** SAWGRASS CAMPUS E, L.L.C.

**Current Principal Place of Business:**

13680 N.W. 5TH STREET, #220  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

13680 N.W. 5TH STREET, #220  
SUNRISE, FL 33325

**New Mailing Address:**

**FEI Number:** 20-3030779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSS, JEREMY ESQ.  
13680 NW 5 STREET  
220  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JACOBS, DOUGLAS  
**Address:** 13680 NW 5 STREET SUITE 220  
**City-St-Zip:** SUNRISE, FL 33325

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JEREMY KOSS ESQ.

RA

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date