

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000064490

FILED
Apr 29, 2008
Secretary of State

Entity Name: UNIVERSITY VILLAGE OF WICHITA FALLS, LLC

Current Principal Place of Business:

405 ALL SAINTS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

812 SAINT MICHAELS ST
UNIT 3
TALLAHASSEE, FL 32301

Current Mailing Address:

405 ALL SAINTS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 11070
TALLAHASSEE, FL 32302

FEI Number: 16-1727879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 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: SUSAN THOMPSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSEN, PETER S
Address: 405 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: PAGNOZALSKI, MICHAEL
Address: 405 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSEN, PETER S
Address: 423 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM (X) Change () Addition
Name: PAGOZALSKI, MICHAEL
Address: P.O. BOX 11070
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MIKE PAGOZALSKI

MGM

04/29/2008

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