

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064490

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** UNIVERSITY VILLAGE OF WICHITA FALLS, LLC

**Current Principal Place of Business:**

4047 EDGEWATER DRIVE  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

1252 BLOUNTSTOWN HWY  
SUITE C  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

P.O. BOX 11070  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 16-1727879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROSEN, PETER S  
Address: P.O. BOX 11070  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGRM  
Name: PAGOZALSKI, MICHAEL  
Address: P.O. BOX 11070  
City-St-Zip: TALLAHASSEE, FL 32302

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: MIKE PAGOZALSKI

MGRM

04/26/2012

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