

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093219

FILED
Mar 26, 2009
Secretary of State

Entity Name: COLONNADE AT UNIVERSITY, LLC

Current Principal Place of Business:

5230 SOUTH UNIVERSITY DRIVE, SUITE 103
DAVIE, FL 33328

New Principal Place of Business:

5230 SOUTH UNIVERSITY DRIVE,
103
DAVIE, FL 33328

Current Mailing Address:

5230 SOUTH UNIVERSITY DRIVE, SUITE 103
DAVIE, FL 33328

New Mailing Address:

5230 SOUTH UNIVERSITY DRIVE,
103
DAVIE, FL 33328

FEI Number: 20-3512673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTOYA, FRANCISCO JR
5230 SOUTH UNIVERSITY DRIVE, SUITE 103
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

COSTOYA, FRANCISCO JR
5230 SOUTH UNIVERSITY DRIVE,
103
DAVIE, FL 33328 US

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:

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PG () Delete
Name: COSTOYA, JR, FRANCISCO
Address: 5230 S UNIVERSITY DR., STE 103
City-St-Zip: DAVIE, FL 333285319

Title: VG () Delete
Name: EVANS, JAY C
Address: 5230 S UNIVERSITY DR., STE 104
City-St-Zip: DAVIE, FL 333285319

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCISCO COSTOYA, JR.

PG

03/26/2009

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