

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90120 044 ***138.75

DOCUMENT # L05000112250	
1. Entity Name FIRST UNIVERSAL CONSULTING, LLC	

Principal Place of Business 3300 PGA BOULEVARD, SUITE 410 PALM BEACH GARDENS, FL 33410	Mailing Address 3300 PGA BOULEVARD, SUITE 410 PALM BEACH GARDENS, FL 33410
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60040657

2. Principal Place of Business - No P.O. Box # 5100 PGA Boulevard	3. Mailing Address 5100 PGA Boulevard
Suite, Apt. #, etc. Second Floor	Suite, Apt. #, etc. Second Floor
City & State Palm Beach Gdns, FL	City & State Palm Bch Gdns FL
Zip 33418	Country USA



05072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3843216	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FEINGOLD & KAM LLC 3300 PGA BOULEVARD, SUITE 410 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5100 PGA Boulevard, 2nd FL City Palm Beach Gardens FL Zip Code 33418
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENDING PARTNERS 3300 PGA BOULEVARD, SUITE 410 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5100 PGA Boulevard, 2nd FL. Palm Beach Gdns FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____	Daytime Phone # _____
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