

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114852

Entity Name: UNIVERSITY GROVE, LLC

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

## **New Principal Place of Business:**

5300 WEST HILLSBORO BLVD  
SUITE 100  
COCONUT CREEK, FL 33073

## **Current Mailing Address:**

1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

## **New Mailing Address:**

5300 WEST HILLSBORO BLVD  
SUITE 100  
COCONUT CREEK, FL 33073

FEI Number: 20-3864082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STALLONE, ANDREW  
1002 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442 US

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

STALLONE, ANDREW  
5300 WEST HILLSBORO BLVD, SUITE 100  
COCONUT CREEK, FL 33073 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:

04/04/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ELLMAN, ED R MR  
Address: 5300 WEST HILLSBORO BLVD SUITE 100  
City-St-Zip: COCONUT CREEK, FL 33073

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: ED ELLMAN

PRES

04/04/2011

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