

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90031 014 ****50.00

DOCUMENT # L05000117597

1. Entity Name

UNIVERSITY PARKWAY OFFICES, LLC



Principal Place of Business

3111 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE, SUITE 610
CORAL SPRINGS FL 33065



2. Principal Place of Business

6131 Lyons Road

Suite, Apt. #, etc.

Suite 200

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Address

6131 Lyons Road

Suite, Apt. #, etc.

Suite 200

City & State

Coconut Creek, FL

Zip

33073

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

87-0758128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M
4901 NW 17TH WAY, SUITE 504
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RADS PROPERTIES, LLC
STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE MGR ☐ Delete
NAME JEG PROPERTIES LONGTERM INVESTMENTS, LLC
STREET ADDRESS 6991 74TH STREET CIRCLE EAST
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Pres.

3-1-06

954-340-1744