2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90103 006 ***138.75

DOCUMENT # L05000117597

1. Entity Name

UNIVERSITY PARKWAY OFFICES, LLC

Principal Place of Business	Mailing Address
6131 LYONS ROAD SUITE 200 COCONUT CREEK FL 33073 US	6131 LYONS ROAD SUITE 200 COCONUT CREEK FL 33073 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HODKIN, PETER M 4901 NW 17TH WAY, SUITE 504 FORT LAUDERDALE FL 33309	Name: ANDREW ZUCKERMAN Street Address (P.O. Box Number is Not Acceptable): 6131 LYONS ROAD SUITE 200 City: COCONUT CREEK FL Zip Code: 33073

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 ANDREW ZUCKERMAN, PRESIDENT 2/19/08
(Name, typed or printed, of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RADS PROPERTIES, LLC 6131 LYONS ROAD, SUITE 200 COCONUT CREEK FL 33073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JEG PROPERTIES LONGTERM INVESTMENTS, LLC 6991 74TH STREET CIRCLE EAST BRADENTON FL 34203	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: RYAN ZUCKERMAN, MGR. 2/19/08 954-481-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #