

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118739

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNIVERSITY LOFTS MANAGER, LLC

Current Principal Place of Business:

681 WEST VIRGINIA STREET
#25
TALLAHASSEE, FL 32304

New Principal Place of Business:

680 WEST VIRGINIA STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

800 OCALA ROAD
SUITE 300-180
TALLAHASSEE, FL 32304

New Mailing Address:

416 N ADAMS STREET
TALLAHASSEE, FL 32301

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEONI, JON D
800 OCALA ROAD
SUITE 300-180
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

LEONI, STEVEN M
416 N ADAMS STREET
TALLAHASSEE, FL 32301 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: STEVEN M LEONI

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONI, STEVEN M
Address: P O BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM (X) Delete
Name: LEONI, JON D
Address: 800 OCALA ROAD SUITE 300-180
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEONI, STEVEN M
Address: 416 N ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: STEVEN M LEONI

MGMR

04/30/2009

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