

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90172 032 \*\*\*138.75

**DOCUMENT # L06000014534**

1. Entity Name  
**SYNOVUS UNIVERSITY INVESTMENT LLC**



Principal Place of Business  
**303 9TH STREET WEST  
SUITE 201  
BRADENTON, FL 34205**

Mailing Address  
**303 9TH STREET WEST  
SUITE 201  
BRADENTON, FL 34205**

**60025269**



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

04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-4292465**

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

**SUMMERS, STEVE E  
303 9TH STREET WEST  
SUITE 201  
BRADENTON, FL 34205**

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 \$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 MGRM ☐ Delete  
NAME SUMMERS, STEVE E  
STREET ADDRESS 303 9TH STREET WEST, SUITE 201  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGRM ☐ Change ☒ Addition  
NAME GRAVELY, JEFFREY D  
STREET ADDRESS 303 9th STREET WEST, SUITE 201  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE MGRM ☐ Delete  
NAME BUSKIRK, FRANK A  
STREET ADDRESS 303 9TH STREET WEST, SUITE 201  
CITY-ST-ZIP BRADENTON, FL 34205

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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

**4-10-08**

**941-750-9494**

Date

Daytime Phone #