


**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90131 019 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000045774			
1. Entity Name NSU GRANDE OAKS, LLC			
Principal Place of Business 3301 COLLEGE AVENUE NOVA SOUTHERN UNIVERSITY, INC. FORT LAUDERDALE, FL 33314-7796 US		Mailing Address Attn: Dr. Greg Stiber 3301 COLLEGE AVENUE NOVA SOUTHERN UNIVERSITY, INC. FORT LAUDERDALE, FL 33314-7796 US	
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
6. Name and Address of Current Registered Agent  HANBURY, GEORGE L II 3301 COLLEGE AVENUE NOVA SOUTHEASTERN UNIVERSITY FORT LAUDERDALE, FL 33314-7796		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	<del>EXVP</del> HANBURY, GEORGE L II 3301 COLLEGE AVENUE - NSU FORT LAUDERDALE, FL 333147796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ronald G. Assaf 3301 College Avenue - NSU Fort Lauderdale, FL 333147796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ray Ferrero 3301 College Avenue - NSU Fort Lauderdale, FL 333147796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Barry J. Silverman, M.D. 3301 College Avenue - NSU Fort Lauderdale, FL 333147796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager W. Tinsley Ellis 3301 College Avenue - NSU Fort Lauderdale, FL 333147796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joel Berman 3301 College Avenue - NSU Fort Lauderdale, FL 333147796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		954-262-7555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	