

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Feb 02, 2009  
Secretary of State

DOCUMENT# L06000045774

Entity Name: NSU GRANDE OAKS, LLC

**Current Principal Place of Business:**

3301 COLLEGE AVENUE  
NOVA SOUTHERN UNIVERSITY, INC.  
FORT LAUDERDALE, FL 333147796 US

**New Principal Place of Business:**

**Current Mailing Address:**

3301 COLLEGE AVENUE  
NOVA SOUTHERN UNIVERSITY, INC.  
FORT LAUDERDALE, FL 333147796 US

**New Mailing Address:**

FEI Number: 20-4811801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANBURY, GEORGE L II  
3301 COLLEGE AVENUE  
NOVA SOUTHEASTERN UNIVERSITY  
FORT LAUDERDALE, FL 333147796 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HANBURY, GEORGE L II  
Address: 3301 COLLEGE AVENUE - NSU  
City-St-Zip: FORT LAUDERDALE, FL 333147796 US

Title: MGR ( ) Delete  
Name: ASSAF, RONALD G  
Address: 3301 COLLEGE AVE-NSU  
City-St-Zip: FORT LAUDERDALE, FL 333147796

Title: MGR ( ) Delete  
Name: FERRERO, RAY  
Address: 3301 COLLEGE AVE -NSU  
City-St-Zip: FORT LAUDERDALE, FL 333147796

Title: MGR ( ) Delete  
Name: SILVERMAN, BARRY J M.D.  
Address: 3301 COLLEGE AVE-NSU  
City-St-Zip: FORT LAUDERDALE, FL 333147796

Title: MGR ( ) Delete  
Name: ELLIS, TINSLEY W  
Address: 3301 COLLEGE AVE-NSU  
City-St-Zip: FORT LAUDERDALE, FL 333147796

Title: MGR ( ) Delete  
Name: BERMAN, JOEL  
Address: 3301 COLLEGE AVE-NSU  
City-St-Zip: FORT LAUDERDALE, FL 333147796

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGE L. HANBURY, II, PH.D.

MGR

02/02/2009

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