

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079721

FILED
Jan 20, 2009
Secretary of State

Entity Name: UNIVERSIDAD DEL CARIBE OF FLORIDA, LLC

Current Principal Place of Business:

780 FISHERMAN STREET
210
OPA-LOCKA, FL 33054

New Principal Place of Business:

New Mailing Address:

Current Mailing Address:

1901 BRICKELL AVE
B-903
MIAMI, FL 33129

780 FISHERMAN STREET
210
OPA-LOCKA, FL 33054

FEI Number: 65-1291705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.
1110 BRICKELL AVENUE, STE 310
MIAMI, FL 33131 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: PRES () Delete
Name: AYBAR, JOSE ALEJANDRO
Address: 1901 BRICKELL AVE B-903
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: AYBAR SANCHEZ, JOSE ANDRES
Address: P.O. BOX 144293
City-St-Zip: CORAL GABLES, FL 33114

Title: DIR () Delete
Name: AYBAR MARTIN, ARIADNA F
Address: P.O. BOX 144293
City-St-Zip: CORAL GABLES, FL 33114

Title: DIR (X) Delete
Name: RODRIGUEZ, ELIZABETH
Address: 1901 BRICKELL AVE B-903
City-St-Zip: MIAMI, FL 33129

Title: CFO (X) Delete
Name: CASTILLO, EVELYN C
Address: 1865 BRICKELL AVE A-1212
City-St-Zip: MIAMI, FL 33129

Title: SEC (X) Delete
Name: DIAZ, ALEJANDRO J
Address: 5528 NW 113 AVE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

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

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

Title: SEC (X) Change () Addition
Name: RODRIGUEZ, ELIZABETH
Address: 1901 BRICKELL AVE B-903
City-St-Zip: MIAMI, FL 33129

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: JOSE ALEJANDRO AYBAR

PRES

01/20/2009

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