

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120588

FILED
Mar 15, 2007
Secretary of State

Entity Name: UNIVERSITY CORPORATE PARK LLC

Current Principal Place of Business:

11621 KEW GARDEN AVENUE
SUITE 109
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

11621 KEW GARDENS AVENUE
SUITE 109
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11621 KEW GARDEN AVENUE
SUITE 109
PALM BEACH GARDENS, FL 33410

New Mailing Address:

11621 KEW GARDENS AVENUE
SUITE 109
PALM BEACH GARDENS, FL 33410

FEI Number: 59-2057515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

THEOFILOS, KATHRYN K
11621 KEW GARDENS AVENUE
SUITE 109
PALM BEACH GARDENS, FL 33410 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: KATHRYN K THEOFILOS

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THEOFILOS, KATHRYN K
Address: 11621 KEW GARDEN AVENUE, SUITE 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THEOFILOS, KATHRYN K
Address: 11621 KEW GARDENS AVENUE, SUITE 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN K THEOFILOS

MGR

03/15/2007

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