

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Aug 20, 2009
Secretary of State**

DOCUMENT# L07000019842

Entity Name: UNIVERSITY OF HOME OWNERSHIP, LLC

Current Principal Place of Business:

New Principal Place of Business:

5420 W. CYPRESS STREET
TAMPA, FL 33607

Current Mailing Address:

New Mailing Address:

5420 W. CYPRESS STREET
TAMPA, FL 33607

FEI Number: 20-8483165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GERALD, REAM
2319 BROOKFIELD GREENS CIRCLE
SUN CITY CENTER, FL 33573 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: PRES () Delete
Name: GODWIN, DAVID
Address: 15005 FOREST OAKS DRIVE
City-St-Zip: LOUISVILLE, KY 40245

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

Title: T () Delete
Name: REAM, KELLY
Address: 15715 IBISRIDGE DR
City-St-Zip: LITHIA, FL 33547

Title: S/T (X) Change () Addition
Name: REAM, KELLY
Address: 15715 IBISRIDGE DR
City-St-Zip: LITHIA, FL 33547

Title: SEC (X) Delete
Name: REAM, GERALD
Address: 2319 BROOKFIELD GREENS CIRCLE
City-St-Zip: SUN CITY CENTER, FL 33573

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: KELLY REAM

S/T

08/20/2009

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