

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

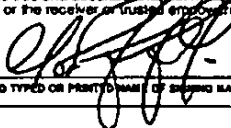
04-07-2008 90232 040 ***138.75

DOCUMENT # L07000075518 1. Entity Name UNIVERSITY WALK OUTPARCEL SARASOTA, LLC					
Principal Place of Business 330 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33811-3311			Mailing Address 330 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33811-3311		
2. Principal Place of Business - No P.O. Box # 3300 Publix Corporate Parkway Suite, Apt. #, etc.		3. Mailing Address 3300 Publix Corporate Parkway Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-0324412	
Zip 33811		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTAWAY, JOHN A JR. 330 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33811-3311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 Publix Corporate Parkway City Lakeland FL Zip Code 33811	
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 <u><i>John A. Attaway, Jr.</i></u> John A. Attaway, Jr., Manager DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Real Sub, LLC 3300 Publix Corporate Parkway Lakeland, FL 33811	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <u><i>John A. Attaway, Jr.</i></u> John A. Attaway, Jr., Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			EFFECTIVE 3/31/2008 863-616-5701 Date Daytime Phone #		

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4/7/2008-90232-040-\$138.75-\$138.75

ATTACHMENT

DOCUMENT # L07000075518			
1. Entity Name UNIVERSITY WALK OUT PARCEL SARASOTA, LLC			
Principal Place of Business 330 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33811-3311		Mailing Address 330 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33811-3311	
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
4. FEI Number 59-0324412		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTAWAY, JOHN A JR. 330 PUBLIX CORPORATE PARKWAY LAKELAND, FL 33811-3311		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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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SIGNATURE: 		John A. Attaway, Jr. 3/31/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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