

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90030 031 ***543.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000114915

1. Entity Name
UNIVERSITY OF MIAMI PRESERVATION, LLC



Principal Place of Business
**1252 MEMORIAL DRIVE, ROOM 230
CORAL GABLES, FL 33146**

Mailing Address
**1252 MEMORIAL DRIVE, ROOM 230
CORAL GABLES, FL 33146**

50009051



2. Principal Place of Business - No P.O. Box #
1535 Levante Avenue

3. Mailing Address

Suite, Apt. #, etc.
Room 201A

Suite, Apt. #, etc.

07302008 Chg-LLC CR2E083 (12/06)

City & State
Coral Gables, FL 33146

City & State

4. FEI Number
59-0624458

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISH, ALAN J
1507 LEVANTE AVENUE, ROOM 327
CORAL GABLES, FL 33146**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Larry D. Marbert, MGRM
1535 Levante Avenue, #201A
Coral Gables, FL 33146** ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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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:

Larry D. Marbert

305-284-5660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #