

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059975

FILED
Feb 01, 2011
Secretary of State

Entity Name: UNIVERSITY BOOKS, LLC

Current Principal Place of Business:

13401 SUMMERLIN ROAD
STE 4
FORT MYERS, FL 33907 US

New Principal Place of Business:

13401 SUMMERLIN ROAD
STE 4
FORT MYERS, FL 33919 US

Current Mailing Address:

13401 SUMMERLIN ROAD
STE 4
FORT MYERS, FL 33907 US

New Mailing Address:

13401 SUMMERLIN ROAD
STE 4
FORT MYERS, FL 33919 US

FEI Number: 27-0380516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEITZ, JAMIE B
13401 SUMMERLIN RD
STE 4
FORT MYERS, FL 33919 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: MGRM
Name: FILLER, JIMMY
Address: 2964 SHOOK HILL PARKWAY
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: MGRM
Name: FILLER, CAROL
Address: 2964 SHOOK HILL PARKWAY
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: MGRM
Name: SEITZ, PAUL
Address: 3664 ALTACREST DRIVE WEST
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: MGRM
Name: SEITZ, DIANNE
Address: 3664 ALTACREST DRIVE WEST
City-St-Zip: BIRMINGHAM, FL 35243 US

Title: MGRM
Name: HORNBUCKLE, BERNIE G II
Address: 6361 ARAGON WAY #107
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGRM
Name: HORNBUCKLE, MIRIAM I
Address: 6361 ARAGON WAY #107
City-St-Zip: FORT MYERS, FL 33966 US

I hereby 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: BERNIE G. HORNBUCKLE, II

MGRM

02/01/2011

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