

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
59 JUL 10 AM 8:54

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>UNIVERSITY ENTERPRISES, L.C.</b> <del>379 TARA ROAD</del> <del>CANTONMENT FL 32533</del>	DOCUMENT # <b>L98000000146</b>
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1a. Principal Place of Business Address <del>379 TARA ROAD</del> <del>CANTONMENT FL 32533</del>
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2. Principal Place of Business <b>611 DEERHURST DR</b> Suite, Apt. #, etc. City & State <b>MELBOURNE, FL</b> Zip <b>32940</b> Country <b>USA</b>	2a. Mailing Address <b>611 DEERHURST DR</b> Suite, Apt. #, etc. City & State <b>MELBOURNE, FL</b> Zip <b>32940</b> Country <b>USA</b>
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3. Date Organized or Qualified <b>02/02/1998</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>59-3517123</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>BROWN, JAMES E</b> <b>379 TARA ROAD</b> <b>CANTONMENT FL 32533</b>
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8. Name and Address of New Registered Agent/Office Name <b>ROBERTA A. BISCHOFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>611 DEERHURST DR</b> Suite, Apt. #, etc. City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32940</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Roberta A. Bischoff DATE 6-3-99  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	<del>BROWN, JAMES E</del>	<del>379 TARA ROAD</del>	<del>CANTONMENT FL</del>
MGRM	<del>BROWN, ROBERTA A</del> <b>BISCHOFF</b>	<del>379 TARA ROAD</del> <b>611 DEERHURST DR</b>	<del>CANTONMENT FL</del> <b>MELBOURNE</b>

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Roberta Ann Bischoff 4-30-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #