

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

FILED

99 APR -5 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L98000000394**
University Place, L.C.
50 North Laura Street
Suite 3900
Jacksonville, FL 32202

1a. Principal Place of Business Address
50 North Laura Street
Suite 3900
Jacksonville, FL 32202

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

3/30/98

Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

59-3566459

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

N/A

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Intrastate Registered Agent Corporation
701 Brickell Avenue
Suite 3000
Miami, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

Saoud, Edmond

2253 Miller Oaks Drive, N. Jacksonville, FL 32247

MGR

Wallis, Donald W.

50 N. Laura St., #3900 Jacksonville, FL 32202

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****188.75 ****188.75

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:

Donald W Wallis, MANAGER

4-1-99

904-798-5439