2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L98000001488

1. Entity Name
UNIVERSITY PARKWAY DEVELOPERS, L.C.

Principal Place of Business	Mailing Address
120 E MAIN ST SUITE A PENSACOLA, FL 32501	120 E MAIN ST SUITE A PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

04142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3559496

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PANYKO, JOHN A
200 SOUTH TARRAGONA STREET
PENSACOLA, FL 32501

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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 acce the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000902321
04/30/08-80002-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NASH, NEAL B
STREET ADDRESS	120 E MAIN ST, SUITE A
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MGR
NAME	MARKS, JAMES J JR.
STREET ADDRESS	120 E MAIN ST, SUITE A
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MGR
NAME	MCELROY, JAMES E
STREET ADDRESS	120 E MAIN ST, SUITE A
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informatio 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 th limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE