## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L99000005109**

1. Entity Name

UNIVERSITY VILLAGE, L.L.C.



FILED Feb 11, 2004 08:00 AM Secretary of State

Principal Place of Business

24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 Mailing Address

24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134



## DO NOT WRITE IN THIS SPACE

01262004No Chg-LLC CR2E083 (10/03)

4. FE! Number 65-0981018 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GESCHWENDT, MARK 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of challons of registered agent.	inging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			U00000045543 U2/11/04-80066-001 715.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIROMAR DEVELOPMENT CORP. 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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PED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE