

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M01000000978**

1. Entity Name  
DA UNIVERSITY CORPORATE LLC



Principal Place of Business

1600 ST. GEORGES AVE.  
P.O. BOX 1234  
RAHWAY, NJ 07065

Mailing Address

1600 ST. GEORGES AVE.  
P.O. BOX 1234  
RAHWAY, NJ 07065

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
22-3799293

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 accept the obligations of registered agent.

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DENHOLTZ, STEVEN J
STREET ADDRESS	1600 ST GEORGES AVE
CITY-ST-ZIP	RAHWAY, NJ 07065
TITLE	MGR
NAME	SEEWALD, ANDREW
STREET ADDRESS	46 BAYARD STREET, SUITE 216
CITY-ST-ZIP	NEW BRUNSWICK, NJ 08901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000651348  
03/09/07-80004-001 50.00

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IN THIS SPACE**

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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Days/Time Phone #