

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002830

1. Entity Name
UNIVERSITY FINANCIAL LENDING SERVICES, LLC



Principal Place of Business
**8550 ULMERTON ROAD, SUITE 200-F
LARGO, FL 33771**

Mailing Address
**8550 ULMERTON ROAD, SUITE 200-F
LARGO, FL 33771**

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
16-1679323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PENNINGS, MICHAEL R
8550 ULMERTON ROAD, SUITE 200-F
LARGO, FL 33771**

**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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171116
08/30/04-20004-01750.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PENNINGS, MICHAEL R
8550 ULMERTON ROAD, SUITE 200-F
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCWHORTER, J. STEVEN
8550 ULMERTON ROAD, SUITE 200-F
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: _____

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

Date

Daytime Phone #