

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001753

1. Entity Name
UNIVERSITY PARKWAY ASSOCIATES, LLC



Principal Place of Business
34555 CHAGRIN BLVD.
MORELAND HILLS, OH 44022

Mailing Address
34555 CHAGRIN BLVD.
MORELAND HILLS, OH 44022

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME IRIS S. WOLSTEIN TRUST U/T/A
STREET ADDRESS 34555 CHAGRIN BLVD.
CITY - ST - ZIP MORELAND HILLS, OH 44022

TITLE ☐ Change ☒ Addition
NAME Managing Member
STREET ADDRESS BIW Properties, LLC
CITY - ST - ZIP 34555 Chagrin Blvd.
Moreland Hills, OH 44022

TITLE MGR ☒ Delete
NAME WOLSTEIN, IRIS S TRUSTEE
STREET ADDRESS 34555 CHAGRIN BLVD.
CITY - ST - ZIP MORELAND HILLS, OH 44022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

A. Mont

Mont

Authorized Representative

April 9, 2007

440/247-0810

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

Date

Daytime Phone #

FILED
07 APR 26 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK

