## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006636

Entity Name: UNIVERSITY CROSSING APARTMENTS, LLC

FILED Jun 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

C/O ASB CAPITAL MANAGEMENT C/O THE SCION GROUP 7501 WISCONSIN AVENUE, SUITE 200 30 W. HUBBARD, FIFTH FLOOR

BETHESDA, MD 20814 CHICAGO, IL 60654

**Current Mailing Address:** New Mailing Address:

C/O ASB CAPITAL MANAGEMENT C/O THE SCION GROUP 7501 WISCONSIN AVENUE, SUITE 200 30 W. HUBBARD, FIFTH FLOOR BETHESDA, MD 20814 CHICAGO, IL 60654

FEI Number: 20-0390638 FEI Number Applied For ( ) FEI Number Not Applicable ( )

Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

( ) Delete Title: (X) Change ( ) Addition THE SCION GROUP, LLC THE SCION GROUP, LLC Name: Name:

Address: 30 W. HUBBARD, FIFTH FLOOR Address: 30 W. HUBBARD, FIFTH FLOOR

City-St-Zip: CHICAGO, IL 60610 City-St-Zip: CHICAGO, IL 60654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT BRONSTEIN, PRESIDENT 06/30/2009