

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010119

Entity Name: UNIVERSITY PRESERVE, INC.

FILED  
Feb 21, 2007  
Secretary of State

## Current Principal Place of Business:

2200 LUCIEN WAY  
SUITE 333  
MAITLAND, FL 32751

## New Principal Place of Business:

250 INTERNATIONAL PARKWAY  
SUITE 114  
LAKE MARY, FL 32746

## Current Mailing Address:

2200 LUCIEN WAY  
SUITE 333  
MAITLAND, FL 32751

## New Mailing Address:

250 INTERNATIONAL PARKWAY  
SUITE 114  
LAKE MARY, FL 32746

FEI Number: 59-3696213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FESS, MICHAEL D  
2200 LUCIEN WAY  
SUITE 333  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

FESS, MICHAEL D  
250 INTERNATIONAL PARKWAY  
SUITE 114  
LAKE MARY, FL 32746 US

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: MICHAEL D. FESS

02/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CALHOUN, MICHAEL D  
Address: 51 OAKLEIGH LANE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: FESS, MICHAEL D  
Address: 518 IVANHOE PLAZA  
City-St-Zip: ORLANDO, FL 32804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FESS, MICHAEL D  
Address: 2615 ROSE ISLE CIRCLE  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. FESS

PRES

02/21/2007

Electronic Signature of Signing Officer or Director

Date