



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90037 020 ****50.00

DOCUMENT # L02000013427					
1. Entity Name UNIVERSITY FINANCIAL SERVICES LLC					
Principal Place of Business 2519 MCMULLEN BOOTH STE. 510 CLEARWATER, FL 33762 US		Mailing Address 2519 MCMULLEN BOOTH STE. 510 CLEARWATER, FL 33762 US			
2. Principal Place of Business 931 Woodbridge Ct Suite, Apt. #, etc.		3. Mailing Address 931 Woodbridge Ct Suite, Apt. #, etc.			
City & State Safety Harbor, FL		City & State Safety Harbor, FL		04192005 Chg-LLC CR2E083 (10/03)	
Zip 34189S		Country US		4. FEI Number 75-3064360	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KONDROTAS, DAMIAN 2607 HAMMOCK CT CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name: Kondrotas, Damian Street Address (P.O. Box Number is Not Acceptable): 931 Woodbridge Ct City: Safety Harbor FL Zip Code: 3469S		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONDROTAS, DAMIAN 2607 HAMMOCK CT. CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	931 Woodbridge Ct Safety Harbor, FL 3469S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUMMINS, ROBERT 2655 ULMERTON ROAD CLEARWATER, FL 33782	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: 		Damian Kondrotas		4/27/05 727 5439777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	