

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000064185

**FILED  
Apr 22, 2016  
Secretary of State  
CC8346574156**

**Entity Name:** 6400 UNIVERSITY PARTNERS, LLC

**Current Principal Place of Business:**

3300 UNIVERSITY BLVD SUITE 218  
WINTER PARK, FL 32792

**Current Mailing Address:**

3300 UNIVERSITY BLVD SUITE 218  
WINTER PARK, FL 32792

**FEI Number:** 45-5257750

**Certificate of Status Desired:** Yes

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

HADDOCK PROFESSIONAL ASSOCIATION  
3300 UNIVERSITY BLVD SUITE 218  
WINTER PARK, FL 32792 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HADDOCK, EDWARD E JR.  
Address 3300 UNIVERSITY BLVD., SUITE 218  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name HEAVENER, JAMES W  
Address 3300 UNIVERSITY BLVD., SUITE 218  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name PHELPS, JONATHAN D  
Address 3300 UNIVERSITY BLVD., SUITE 218  
City-State-Zip: WINTER PARK FL 32792

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD E. HADDOCK, JR.

**PRESIDENT**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date