

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000084501

**Entity Name:** THE OASIS AT UNIVERSITY APARTMENTS GP, LLC

**Current Principal Place of Business:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 82-0646391**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            PICERNE, ROBERT M  
Address        247 NORTH WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            EXV  
Name            HALEY, RICHARD R  
Address        247 NORTH WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            EXV  
Name            WERNECKE, EDWARD L  
Address        247 NORTH WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: ROBERT M PICERNE**

**PRESIDENT**

**03/21/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date