

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070341

**FILED**  
**Feb 27, 2006**  
**Secretary of State**

**Entity Name:** COLLEGE OAKS, LLC

**Current Principal Place of Business:**

1315 EAST 14TH STREET  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

1315 EAST 14TH STREET  
STE. A  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1315 EAST 14TH STREET  
LYNN HAVEN, FL 32444

**New Mailing Address:**

1315 EAST 14TH STREET  
STE. A  
LYNN HAVEN, FL 32444

FEI Number: 41-2151473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATHAWAY ENTERPRISES, LLC  
1315 EAST 14TH STREET  
LYNN HAVEN, FL 32444 US

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

HATHAWAY ENTERPRISES, LLC  
1315 EAST 14TH STREET  
STE. A  
LYNN HAVEN, FL 32444 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:

02/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HATHAWAY ENTERPRISES, , LLC (L040000 6 7550)  
Address: 1315 EAST 14TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HATHAWAY ENTERPRISES, , LLC (L040000 6 7550)  
Address: 1315 EAST 14TH STREET STE.A  
City-St-Zip: LYNN HAVEN, FL 32444

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 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: EDWIN E. HATHAWAY

MGR

02/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date