2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L99000009091

1. Entity Name 2201 COLLEGE AVE., LLC



FILED Feb 12, 2007 08:00 AM **Secretary of State**

Principal Place of Business

2201 COLLEGE AVE. **DAVIE, FL 33317**

Mailing Address

2201 COLLEGE AVE. **DAVIE, FL 33317**



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01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0969105

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GUTTER, JOSEPHER & RUFFIN, P.A. 100 W. CYPRESS CREEK ROAD, SUITE 900 FORT LAUDERDALE, FL 33309

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The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00		

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAURER, LAWRENCE D 2201 COLLEGE AVE. DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAURER, M. JESSE 2201 COLLEGE AVE. DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylima Phone #