
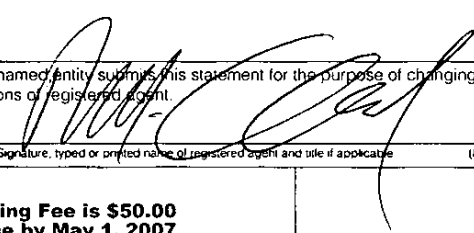
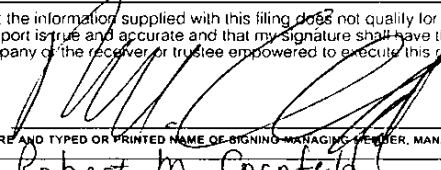


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90109 015 \*\*\*\*50.00

DOCUMENT # M04000002541			
1. Entity Name CS COLLEGE PARKWAY, LLC			
Principal Place of Business 2101 SIXTH AVENUE NORTH, STE. 750 BIRMINGHAM, AL 35203		Mailing Address 2101 SIXTH AVENUE NORTH, STE. 750 BIRMINGHAM, AL 35203	
2. Principal Place of Business - No P.O. Box # 3850 Nollywood Blvd Suite, Apt. #, etc. #400		3. Mailing Address 3850 Nollywood Blvd Suite, Apt. #, etc. #400	
City & State Nollywood FL Zip 33021 Country USA		City & State Nollywood FL Zip 33021 Country USA	
4. FEI Number 63-1098488		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Robert M. Cornfeld Street Address (P.O. Box Number is Not Acceptable) 3850 Nollywood Blvd #400 City Nollywood FL Zip Code 33021	
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	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWDER, THOMAS H 2101 SIXTH AVENUE NORTH, STE. 750 BIRMINGHAM, AL 35203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORN FELD, Robert M 3850 Nollywood Blvd #400 Nollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, C. REYNOLDS III 2101 SIXTH AVENUE NORTH, STE. 750 BIRMINGHAM, AL 35203 <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
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: 		Date 3/19/07 (954) 989-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Robert M. Cornfeld		Date To State Phone #	