

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000008342

1. Entity Name
COLLEGE BUSINESS PARK, LLC



Principal Place of Business
3001 W HALLANDALE BEACH BLVD
SUITE 300
PEMBROKE PARK, FL 33009

Mailing Address
3001 W HALLANDALE BEACH BLVD
SUITE 300
PEMBROKE PARK, FL 33009



03252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1096115

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAZAYRI, SAM
3001 W HALLANDALE BEACH BLVD
STE 300
PEMBROKE PARK, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000991390
04/15/08-80099-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAZAYRI, SAM
3001 W HALLANDALE BEACH BLVD # 300
PEMBROKE PARK, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAMJAZ HOLDINGS INC
3001 W HALLANDALE BEACH BLVD # 300
PEMBROKE PARK, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/20/08 954 981 1154

Date

Daytime Phone #