

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003192**

1. Entity Name  
COLLEGE ESTATES, L.L.C.



Principal Place of Business

12433 RUSTIC VIEW  
TAMPA, FL 33635

Mailing Address

12433 RUSTIC VIEW  
TAMPA, FL 33635

**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3633135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALAN S. GASSMAN, P.A.  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MORIARTY, JOHN F  
12433 RUSTIC VIEW COURT  
TAMPA, FL 33635

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BALLOU, STEVEN  
12433 RUSTIC VIEW COURT  
TAMPA, FL 33635

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

U000000571575  
07/21/06-80001-023 50.00

**DO NOT WRITE  
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

Date

Daytime Phone #

*Alan S. Gassman, P.A.* 7/17/2006 (727) 641-5783