

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90053 041 ****50.00

DOCUMENT # L00000003588

1. Entity Name
COED-STIRLING ROAD, L.L.C.



Principal Place of Business
4000 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON, FL 33431

Mailing Address
4000 N. FEDERAL HIGHWAY, SUITE 206
BOCA RATON, FL 33431



2. Principal Place of Business

3. Mailing Address

1000 OMNI BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-LLC CR2E083 (11/05)

City & State

City & State

NEWPORT NEWS, VA

4. FEI Number

65-1007744

Applied For

Not Applicable

Zip

Country

Zip

23606

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACLAREN, LINDA O
798 SOUTH FEDERAL HWY, STE 100
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ECONOMOS, NICK
STREET ADDRESS 4000 N FEDERAL HWY STE 206
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM ☒ Change ☐ Addition
NAME ECONOMOS, NICHOLAS
STREET ADDRESS 4000 N. FEDERAL HIGHWAY, SUITE 206
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

NICK ECONOMOS 04/04/2006 (757) 591-3519

Date

Daytime Phone #