

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

DO NOT WRITE IN THIS SPACE



03252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1096115	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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000991390
 04/15/08-90099-003 138.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/20/08** **954 981 1154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #