

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90046 017 ****50.00

DOCUMENT # L02000018175

1. Entity Name
COLLEGE PLACE, LLC



Principal Place of Business
510 SOUTH 3RD STREET
JACKSONVILLE BEACH, FL 32250 US

Mailing Address
510 SOUTH 3RD STREET
JACKSONVILLE BEACH, FL 32250 US

20058302



2. Principal Place of Business

3. Mailing Address

2315 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

Jacksonville Beach, FL

Zip

Country

Zip

32250

Country

U.S.

04142005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

11-3668200

Applied For

Not Applicable

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

SMITH, HOWARD J
8810 GOODBY'S EXECUTIVE DRIVE
SUITE C
JACKSONVILLE, FL 32217

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WOODBURN, HENRY P III
STREET ADDRESS 510 SOUTH 3RD STREET
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 2315 Beach Blvd, Suite 203
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE MGR ☐ Delete
NAME DICKINSON, FRANKLIN B MEMBER
STREET ADDRESS 60 A N. ROSCOE BLVD
CITY-ST-ZIP PONTE VEDRA, FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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:

Henry P. Woodburn

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

4/30/05

Date

904 246 4555

Daytime Phone #