


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90313 034 ****50.00

DOCUMENT # L02000021575	
1. Entity Name COLLEGE INVESTORS, LLC	

Principal Place of Business 1447 STONE ROAD TALLAHASSEE, FL 32303	Mailing Address 1447 STONE ROAD TALLAHASSEE, FL 32303
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1535 KILLEBARN CTR. BOUL S-C-3
TALL. FL. 32309

DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 26-0072260	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

STOETZEL, RALPH S JR
1447 STONE ROAD
TALLAHASSEE, FL 32303

1535 KILLEBARN CTR. BOUL
TALL. FL 32309

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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 Ralph Stoetzel DATE 1-30-07

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

Filing Fee is \$50.00
Due by May 1, 2007

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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE LITTLE EGYPT IRREVOCABLE TRUST OF 1993 1447 STONE ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1535 KILLEBARN CTR BOUL S-C-3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALL. FL. 32309.
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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: Ralph Stoetzel DATE 1-30-07

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

Date Daytime Phone #