


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90502 015 ****50.00

DOCUMENT # L02000031008	
1. Entity Name CAMPUS CONNECTIONS LLC	

Principal Place of Business 3211 PONCE DE LEON BOULEVARD STE. 101 CORAL GABLES FL 33134 US	Mailing Address 3211 PONCE DE LEON BOULEVARD STE. 101 CORAL GABLES FL 33134 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number NO-T APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THORNBURG, CHRISTIAN S 3211 PONCE DE LEON BOULEVARD STE. 101 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name <u>CRISTIAN G. STENSTROM</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3211 PONCE DE LEON BOULEVARD</u>
<u>STE 101</u>
City <u>CORAL GABLES</u> FL Zip Code <u>33134</u>

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] (NOTE: Registered Agent signature required when reinstating) DATE 4/2/04

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNBURG, CHRISTIAN S 3211 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STENSTROM, CRISTIAN G 3211 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 4/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #