


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000002515 1. Entity Name COLLEGIATE PROPERTY SERVICES, L.L.C.	
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Principal Place of Business 536 NORTH MONROE STREET TALLAHASSEE, FL 32301	Mailing Address 536 NORTH MONROE STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



08182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0448993	Applied For 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 FULLER, DENNIS R 536 NORTH MONROE STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COASTAL PROPERTY SERVICES, INC. 536 NORTH MONROE STREET TALLAHASSEE, FL 32301
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08/21/06-80005-004 50.00

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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:  **8/17/06** **850** **4029000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #