### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L03000004447**

Entity Name

COLLEGE & 220 OPERATING, L.L.C.



Principal Place of Business

9320 EAST CENTRAL WICHITA, KS 67206 Mailing Address

9320 EAST CENTRAL WICHITA, KS 67206

# FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90028 041 \*\*\*\*50.00

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## DO NOT WRITE IN THIS SPACE

04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 84-1616838 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCFALL, KEVIN 2285 MARSH HAWK LANE #16110 ORANGE PARK, FL 32003

# 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				
	orginature, typed or printed name or registered agent and the it applicable.	(NOTE: Registered	Agent aignature required when rainstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	MCFALL, KEVIN			
STREET ADDRESS	2285 MARSH HAWK LANE #16110			
CITY-ST-ZIP	ORANGE PARK, FL 32003			
TITLE	MGR			
NAME	LETI, CJ III			
STREET ADDRESS	9320 E. CENTRAL			
CITY-ST-ZIP	WICHITA, KS 67206			
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NAME				
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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:

NAME STREET ADDRESS CITY-ST-ZiP

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

4/2/g/05

316-636-1801