

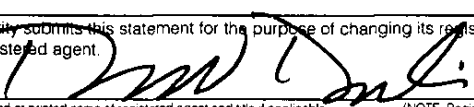
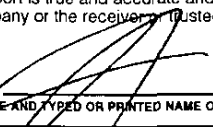


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000005628 1. Entity Name COLLEGE PROFESSIONAL PLAZA, LLC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">06 OCT 17 PM 1:17</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 2604 WHARTON CIRCLE TALLAHASSEE, FL 32312				Mailing Address PO BOX 15361 TALLAHASSEE, FL 32317-5361					
2. Principal Place of Business 1030 SPRING VILLAS POINT				3. Mailing Address P.O. BOX 4658					
Suite, Apt. #, etc. 2ND FLOOR				Suite, Apt. #, etc. 					
City & State WINTER SPRINGS, FL				City & State WINTER PARK, FL				10162006 Chg-LLC CR2E083 (11/05)	
Zip 32708		Country USA		Zip 32793		Country USA		4. FEI Number 20-5236941 <input checked="" type="checkbox"/> NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required								Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KUHLMANN, J.H. 2604 WHARTON CIRCLE TALLAHASSEE, FL 32312						7. Name and Address of New Registered Agent Name RAMSEY W. DULIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE STREET SUITE 425 City ORLANDO FL 32801			
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  RAMSEY W. DULIN 10/16/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>									
Amended AR is \$50.00						Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES			
TITLE MGRM <input checked="" type="checkbox"/> Delete NAME KUHLMANN, JOHN H. STREET ADDRESS 2604 WHARTON CIR. CITY-ST-ZIP TALLAHASSEE, FL 32312						TITLE MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JEFFREY A. KAISER STREET ADDRESS 1030 SPRING VILLAS POINT, 2nd FLOOR CITY-ST-ZIP WINTER SPRINGS, FL 32708			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  JEFFREY A. KAISER, MGRM 10/16/06 (407) 678-0204 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>									