


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L03000005628 1. Entity Name COLLEGE PROFESSIONAL PLAZA, LLC.	
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Principal Place of Business 1030 SPRING VILLAS POINT, 2ND FLOOR WINTER SPRINGS, FL 32708	Mailing Address P.O. BOX 4658 WINTER PARK, FL 32793
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-5236941	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 DULIN, RAMSEY W ESQ. 201 E. PINE STREET, SUTIE 425 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAISER, JEFFREY A 1030 SPRING VILLAS POINT, 2ND FLOOR WINTER SPRINGS, FL 32708
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
4/16/07 <small>Date</small>
407 678-0204 <small>Daytime Phone #</small>