2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000005628

1. Entity Name

COLLEGE PROFESSIONAL PLAZA, LLC.



Principal Place of Business

Mailing Address

1030 SPRING VILLAS POINT, 2ND FLOOR WINTER SPRINGS, FL 32708

P.O. BOX 4658 WINTER PARK, FL 32793 FILED Apr 07, 2008 08:00 A Secretary of State



03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5236941

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DULIN, RAMSEY W ESQ. 201 E. PINE STREET, SUTIE 425 ORLANDO, FL 32801

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| 8. | The above named entity submits this statement for the put the obligations of registered agent. | rpose of changing its | s registered office or registere | d agent, or both, in the State of Florida | . I am familiar with, and accept |
|-----|---|-----------------------|--|---|----------------------------------|
| SII | GNATURE | | | | |
| _ | Signature, typed or printed name of registered agent and title if a | pplicable. (NOT | E: Registered Agent signature required w | rhen reinstating) | DATE |

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000882724 04/16/03-90053-003 138.7

Para de la company de la compa

| 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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the ex | | | | | | |

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11. I hereby certify that the information supplied with his 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 trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/03/08

1/678-020

Daytime Phone #