

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021829

FILED
Jan 12, 2004
Secretary of State

Entity Name: CAVE COLLEGE, LLC

Current Principal Place of Business:

5699 NE 56TH STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

5699 NE 56TH STREET
HIGH SPRINGS, FL 32643

New Mailing Address:

PO BOX 544
HIGH SPRINGS, FL 32655

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILZ, CLAUDIA B
5699 NE 56TH STREET
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MILZ, CLAUDIA B
Address: 5699 NE 56TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLAUDIA MILZ

MGRM

01/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date