

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90080 019 \*\*\*\*50.00

**DOCUMENT # L03000036893**

1. Entity Name  
**CAMPUS HILLS, LLC**



Principal Place of Business  
**6101 GAZEBO PARK PL N  
STE 107  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**6101 GAZEBO PARK PL N  
STE 107  
JACKSONVILLE, FL 32207 US**

**DO NOT WRITE IN THIS SPACE**



07202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1022863**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHEFFIELD & BOATWRIGHT, P.A.  
6101 GAZEBO PARK PL N  
STE 101  
JACKSONVILLE, FL 32257**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHACTER, DAVID 6101 GAZEBO PARK PL N STE 107 JACKSONVILLE, FL 32257</b>
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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:** *Brian Green*

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

*7/20/06*

Date

*851-578-4200*

Daytime Phone #