

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053414

FILED
Feb 07, 2009
Secretary of State

Entity Name: CAMPUS VIEW APARTMENTS, LLC

Current Principal Place of Business:

1819 W. PENSACOLA ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15191
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 74-3111369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMOOKLER, SANFORD M
2317 TOUR EIFFEL DR
TALLAHASSEE, FL 32308 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/MANAGERS:

Title: MGR () Delete
Name: SCHMOOKLER, SANFORD M
Address: P.O. BOX 15191
City-St-Zip: TALLAHASSEE, FL 32317

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 exemption stated in Chapter 119, 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: SANFORD M. SCHMOOKLER

MGR

02/07/2009

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