2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2012
Secretary of State

DOCUMENT# L03000053414

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
Name: SCHMOOKLER, SANFORD M
Address: P.O. BOX 15191
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 Statues.

SIGNATURE: SANFORD M. SCHMOOKLER MGR 03/03/2012

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