2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# L04000011908

Entity Name: CAMPUS VIEW EAST, LLC

Current Principal Place of Business:

405 DUNWOOD STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

405 DUNWOODY STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

PO BOX 15191
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 34-1978651 **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 DRIVE
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/MEMBERS:

Title: MGRM ( ) Delete
Name: SCHMOOKLER, SANFORD M
Address: PO BOX 15191
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHMOOKLER, SANFORD M
Address: PO BOX 15191
City-St-Zip: TALLAHASSEE, FL 32317

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: SANFORD SCHMOOKLER MGR 04/16/2005

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