

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90093 033 ****55.00

DOCUMENT # L04000041030

1. Entity Name
COLLEGE PARK RENTALS, LLC



Principal Place of Business
**701 SUNBURY COURT
WINTER SPRINGS, FL 32708**

Mailing Address
**701 SUNBURY COURT
WINTER SPRINGS, FL 32708**



07072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **yes** **X** **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BASHORE, SID
701 SUNBURY COURT
WINTER SPRINGS, FL 32708**

**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 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BASHORE, SID
STREET ADDRESS	701 SUNBURY COURT
CITY - ST - ZIP	WINTER SPRINGS, FL 32708

TITLE	MGRM
NAME	BASHORE, MARGARET
STREET ADDRESS	701 SUNBURY COURT
CITY - ST - ZIP	WINTER SPRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Sid Bashore*

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

*#1022 Payable to Florida Dept. of-
State Attached-\$55.00 7/10/06*

Date

Daytime Phone #

*407-937-9814
407-695-2857*