

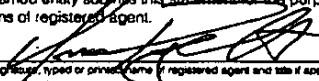

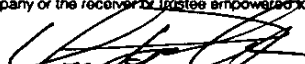


FILED
Mar 15, 2006 8:00 am
Secretary of State

DOCUMENT # L04000045448			
1. Entity Name CAMPUS VIEW HOLDINGS, LLC			
Principal Place of Business 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US		Mailing Address 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US	
2. Principal Place of Business 7328 WEST UNIVERSITY AVE Suite, Apt. #, etc. SUITE 6 City & State GAINESVILLE FLORIDA Zip 32607 Country USA		3. Mailing Address 7328 WEST UNIVERSITY AVE Suite, Apt. #, etc. SUITE 6 City & State GAINESVILLE FLORIDA Zip 32607 Country USA	
			
		02222006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 32-0119969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCKMAN, JAMES J 20725 SW 46TH AVENUE NEWBERRY, FL 32669		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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   2/22/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM DYRKOLBOTN, SVEIN H 20725 SW 46TH AVENUE NEWBERRY, FL 32669 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  SVEIN DYKROLBOTN 2/22/06 352 393 9333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone			



ATTACHMENT

30002522

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

CAMPUS VIEW HOLDINGS, LLC
7328 WEST UNIVERSITY AVENUE
SUITE G
GAINESVILLE, FL 32607 US

Subject: **CAMPUS VIEW HOLDINGS, LLC**

Reference Number: **L04000045448**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION