
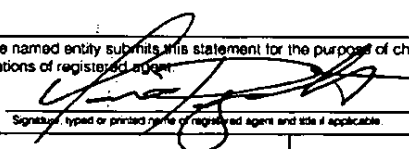



FILED  
Mar 15, 2006 8:00 am  
Secretary of State

02-27-2006 90423 045 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L04000046016</b>			
1. Entity Name <b>CAMPUS VIEW OF GAINESVILLE, LLC</b>			
Principal Place of Business <b>20725 SW 46TH AVENUE NEWBERRY, FL 32669 US</b>		Mailing Address <b>20725 SW 46TH AVENUE NEWBERRY, FL 32669 US</b>	
2. Principal Place of Business <b>7328 WEST UNIVERSITY AVE SUITE 6 GAINESVILLE FLORIDA 32607 USA</b>		3. Mailing Address <b>7328 WEST UNIVERSITY AVE SUITE 6 GAINESVILLE FL 32607 USA</b>	
4. FEI Number <b>30-0258523</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02222006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>STOCKMAN, JAMES J 20725 SW 46TH AVENUE NEWBERRY, FL 32669</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>SVEIN DYKHOL BORN</b> DATE <b>2/22/06</b> (NOTE: Registered Agent signature required when reinstating)			
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 <b>MGRM CAMPUS VIEW HOLDINGS, LLC 20725 SW 46TH AVENUE NEWBERRY, FL 32669</b> <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	
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	
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	
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	
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	
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:  <b>SVEIN DYKHOL BORN</b> DATE <b>2/22/06</b> 352-333-9893 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			



ATTACHMENT

36002523

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

CAMPUS VIEW OF GAINESVILLE, LLC  
7328 WEST UNIVERSITY AVE  
SUITE G  
GAINESVILLE, FL 32607 US

Subject: **CAMPUS VIEW OF GAINESVILLE, LLC**

Reference Number: **L04000046016**

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.

/JE

ANNUAL REPORTS SECTION