


2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90035 020 ****50.00

DOCUMENT # L04000046678	
1. Entity Name CRIBS 2 COLLEGE, L.L.C.	

Principal Place of Business 2709 SW 27TH AVE #103 OCALA, FL 34474	Mailing Address 2709 SW 27TH AVE #103 OCALA, FL 34474
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

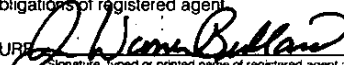
City & State	City & State
Zip	Country

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 73-1707098	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	
O'GULL, APRIL 540 NE 53RD ST OCALA, FL 34479	

7. Name and Address of New Registered Agent	
Name J. WARREN Bullard	
Street Address (P.O. Box Number is Not Acceptable) 18 NW Third Ave	
City Ocala	FL Zip Code 34475

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: 	J. WARREN Bullard 4/4/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'GULL, CHAD 540 NE 53RD ST OCALA, FL 34479 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIBS 2 College & Beyond, LLC 2709 SW 27th Ave, Unit 103 Ocala FL 34474-1848 <input checked="" 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.	
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SIGNATURE: 	JANNA B. Fulford 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	
Daytime Phone #	

As President of CRIBS 2 College & Beyond, LLC the managing member