, 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI			00	_
DOCUMENT # L04000077488 1. Entity Name COLLEGE AVENUE DEVELOPMENT GROUP, LLC			PALLAHASSEE OF STA	^{9:} 08
Principal Place of Business	Mailing Address	•	₩11/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.
1909 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308	1909 CAPITAL CIRCLE TALLAHASSEE, FL 32:			Atli didde idiri (dedde iii eral
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	083 (10/03)
City & State	City & State		4. FEI Number 20–2058267	Applied For Not Applicable
Zip Country	Zìp	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered	Agent
DODE PERTS		Name		
POPE, BERT S 1909 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308		Street Address	s (P.O. Box Number is Not Acceptable)	
		City	FI	Zip Code
The above named entity submits the the obligations of registered agent.	s statement for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am	
SIGNATURE Signature, typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Signotore, typed or printed harns o	от геруздагей араптано ппе и аррпсарте. (МОТ	E. Registereo Agent signature requi	led with reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State				
9. MANA	GING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGE	S
™ (Vo V) James R. Ste		TITLE		☐ Change ☐ Addition
STREET ADDRESS Tallahassae F1 32308		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	The state of the s	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZiP	. V PT 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
TITLE NAME	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	50004703 5 02/22/050102400	☐ Change ☐ Addition
NAME		NAME		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	06/ 22/ U0010540[K	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME ATREET ADDRESS		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 paper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SUCNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date				

WALTER H WOLFE, JR.