
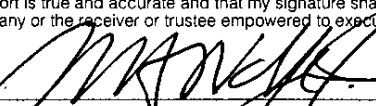


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 FEB 16 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000077488 1. Entity Name COLLEGE AVENUE DEVELOPMENT GROUP, LLC																													
Principal Place of Business 1909 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308			Mailing Address 1909 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-2058267 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02102005 Chg-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent POPE, BERT S 1909 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>James R. Steiner, Jr.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1909 Capital Circle N.E.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tallahassee, FL 32308</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	James R. Steiner, Jr.	<input type="checkbox"/>	STREET ADDRESS	1909 Capital Circle N.E.		CITY-ST-ZIP	Tallahassee, FL 32308		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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. 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: 			Date: 2-11-05 Daytime Phone #: 180-222-6100																										
WALTER H. WOLFE, JR.																													