
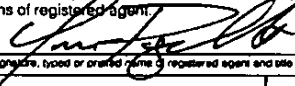
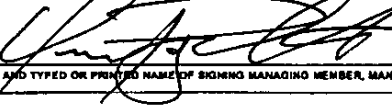


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2006 90424 008 ****50.00

DOCUMENT # L05000045144			
1. Entity Name CAMPUS VIEW NORTH, 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.		3. Mailing Address 7328 WEST UNIVERSITY AVE.	
Suite, Apt. #, etc. SUITE G		Suite, Apt. #, etc. SUITE G	
City & State GAINESVILLE FLORIDA		City & State GAINESVILLE FLORIDA	
Zip 32607	Country USA	Zip 32607	Country USA
4. FEI Number 20-3777704		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  SVEIN DYKHOL BOTN DATE 2/22/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
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 SHD DEVELOPMENT, LLC 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	MGRM WTL OF GAINESVILLE, INC. 235 SW 11TH PLACE GAINESVILLE, FL 32601 <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:  SVEIN DYKHOL BOTN DATE 2/22/06 352-333-9323 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



ATTACHMENT

30002519

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

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

Subject: **CAMPUS VIEW NORTH, LLC**

Reference Number: **L05000045144**

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