2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# L05000045144

Entity Name: CAMPUS VIEW NORTH, LLC

Current Principal Place of Business:

7328 W UNIVERSITY AVE
STE G
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

7328 W UNIVERSITY AVE
STE G
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 20-3777704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHD DEVELOPMENT, LLC,
Address: 20725 SW 46TH AVENUE
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM ( ) Delete
Name: WTL OF GAINESVILLE,, INC.
Address: 235 SW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHD DEVELOPMENT, LLC MGRM 02/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date