

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067376

Entity Name: COLLEGE LANE, L.L.C.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

1717 INDIAN RIVER BOULEVARD
SUITE 202A
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1717 INDIAN RIVER BOULEVARD
SUITE 202A
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-3129903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTH, PHILLIP H III
3895 INDIAN RIVER DRIVE EAST
VERO BEACH, FL 32963 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: BARTH, PHILLIP H III
Address: 3895 INDIAN RIVER DRIVE EAST
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BOYLE, STEPHEN J JR
Address: 3790 7TH TERRACE, SUITE 202
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Change (X) Addition
Name: BOYD CAPITAL LLC,
Address: 610 FOX TRAIL SW
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify 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: PHILLIP H BARTH III

MGRM

04/22/2008

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