

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000074451

1. Entity Name
CAMPUS VIEW PROPERTY, LLC



Principal Place of Business

4444 SW 71 AVENUE
SUITE 101A
MIAMI, FL 33155 US

Mailing Address

4444 SW 71 AVENUE
SUITE 101A
MIAMI, FL 33155 US



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2894390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEITIA, AGUSTIN E
4444 SW 71 AVENUE
SUITE 101A
MIAMI, FL 33155

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VEITIA, AGUSTIN E
STREET ADDRESS	4444 SW 71 AVENUE, SUITE 101A
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	M VEITIA IRREVOC TRUST FBO REBECCA VEITIA
STREET ADDRESS	4444 SW 71 AVENUE, SUITE 101A
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	M VEITIA IRREVOC TRUST FBO VERONICA VEITIA
STREET ADDRESS	4444 SW 71 AVENUE, SUITE 101A
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000789018
01/22/08-80009-005 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Agustin Veitia 1/9/08 305-669-8575