

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000118328

Entity Name: CAMPUS CHOICE LLC

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6845 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6845 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

FEI Number: 20-3972697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUCAS, CAROLE  
10460 ROOSEVELT BLVD. SUITE 291  
ST. PETERSBURG, FL 33716 US

**Name and Address of New Registered Agent:**

LUCAS, CAROLE  
13745 VANDERBILT RD  
ODESSA, FL 33556 US

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: CAROLE A. LUCAS

02/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUCAS, CAROLE A  
Address: 13745 VANDERBILT RD.  
City-St-Zip: ODESSA, FL 33556 US

**ADDITIONS/CHANGES:**

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: CAROLE A. LUCAS

MGRM

02/19/2007

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