

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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08 FEB 11 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L06000055030			
1. Entity Name COLLEGIATE VILLAGE COMMERCIAL, LLC			
Principal Place of Business 3348 EDGEWATER DRIVE ORLANDO, FL 32804		Mailing Address 3348 EDGEWATER DRIVE ORLANDO, FL 32804	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2076395		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMETREE, MARY L 3348 EDGEWATER DRIVE ORLANDO, FL 32804		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 _____ Signature, name or printed name of registered agent and L06000055030 (NOTE: Registered Agent signature required when submitting) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE ☐ Delete NAME MGRM STREET ADDRESS Demetree Alpha Trust CITY-STATE-ZIP 3348 Edgewater Drive Orlando, FL 32804		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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: <u>Mary L. Demetree</u> SIGNATURE AND TYPES OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____			