2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2007
Secretary of State

DOCUMENT# L06000070881

Entity Name: COLLEGE TOWN LIVING, LLC

Current Principal Place of Business:

3911 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3911 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-5216806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORENFIELD, ADAM
2451 BRICKELL AVENUE
SUITE 15E
MIAMI, FL 33129 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: PRES ( ) Delete
Name: SCHWARTZ, COREY
Address: 3911 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Delete
Name: ROBERTS, DAVID
Address: 9953 SW 102 STREET
City-St-Zip: MIAMI, FL 33176 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: COREY J. SCHWARTZ PRES 03/24/2007

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