

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085471

Entity Name: NEW CAMPUS, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

305 N. FT HARRISON
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

305 N. FT HARRISON
CLEARWATER, FL 33755

New Mailing Address:

801 DREW STREET
CLEARWATER, FL 33755

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLACK, RON
305 N. FT HARRISON
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

ZWERS, JIM
801 DREW STREET
CLEARWATER, FL 33755 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: JIM ZWERS

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: PD () Change (X) Addition
Name: FELDMAN, JEFFREY
Address: 411 DRUID RD W
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Change (X) Addition
Name: GILBERT, JUDY
Address: 2889 CHELSA AVE
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Change (X) Addition
Name: FELDMAN, SIKICA
Address: 411 DRUID RD W
City-St-Zip: CLEARWATER, FL 33755

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: JIM ZWERS

M

04/23/2007

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