


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008** 5/

FILED
Jul 10, 2008 8:00 am
Secretary of State

05-28-2008 90139 046 ***138.75

DOCUMENT # L06000093273	
1. Entity Name COLLEGE PARK HOLDINGS, LLC	

Principal Place of Business 1016 CAMPBELL STREET ORLANDO FL 32806 US	Mailing Address 1016 CAMPBELL STREET ORLANDO FL 32806 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/07)

4. FEI Number AP-PLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801	
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, typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when replacing) **DATE** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAY, GERALD A JR. 1016 CAMPBELL STREET ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gerald A. Gay Jr.* **4/29/08** **407 857-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 300/027J

Form **SS-4**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

20-5609749

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

College Park Condo Holdings, LLC

2 Trade name of business (if different from name on line 1)**3** Executor, administrator, trustee, "care of" name**4a** Mailing address (room, apt., suite no. and street, or P.O. box)

1016 Campbell Street

5a Street address (if different) (Do not enter a P.O. box.)**4b** City, state, and ZIP code

Orlando, FL 32806

5b City, state, and ZIP code**6** County and state where principal business is located

Orange County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Gerald A. Gay, Jr.

7b SSN, ITIN, or EIN

267-88-8549

8a Type of entity (check only one box)☐ Sole proprietor (SSN) _____☐ Partnership☐ Corporation (enter form number to be filed) ▶ _____☐ Personal service corporation☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶ _____☒ Other (specify) ▶ Disregarded Entity☐ Estate (SSN of decedent) _____☐ Plan administrator (SSN) _____☐ Trust (SSN of grantor) _____☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)☒ Started new business (specify type) ▶ _____

Real Estate Management

☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶ _____☐ Banking purpose (specify purpose) ▶ _____☐ Changed type of organization (specify new type) ▶ _____☐ Purchased going business☐ Created a trust (specify type) ▶ _____☐ Created a pension plan (specify type) ▶ _____**10** Date business started or acquired (month, day, year). See instructions.

September 26, 2006

11 Closing month of accounting year

December

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ _____**13** Highest number of employees expected in the next 12 months (enter -0- if none).Do you expect to have \$1,000 or less in employment tax liability for the calendar year? ☐ Yes ☐ No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)

Agricultural

Household

Other

0

0

0

14 Check one box that best describes the principal activity of your business.☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Health care & social assistance☐ Wholesale-agent/broker☒ Real estate☐ Manufacturing☐ Finance & insurance☐ Accommodation & food service☐ Wholesale-other☐ Retail☐ Other (specify) _____**15** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

Real Estate Management

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ _____

Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) _____

City and state where filed _____

Previous EIN _____

**Third
Party
Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Hal A. Airth, Jr.

Designee's telephone number (include area code)

(863) 647-5337

Address and ZIP code

500 S. Florida Ave., Ste., 800

Designee's fax number (include area code)

Lakeland, FL 33801

(863) 647-5012

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Gerald A. Gay, Jr., Managing Member

Applicant's telephone number (include area code)

Applicant's fax number (include area code)

Signature ▶

Gerald A. Gay, Jr.

Date ▶

6/5/07

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

ISA
STF FED7769F 1Form **SS-4** (Rev. 2-2006)