2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 04, 2007 8:00 am Secretary of State DOCUMENT # L06000094053 1. Entity Name 05-04-2007 90309 026 ****50.00 COLLEGE PARK CONDO HOLDINGS, LLC Principal Place of Business Mailing Address 1016 CAMPBELL STREET 1016 CAMPBELL STREET ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suile, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number ■ Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIRTH, HAL A JR. Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801 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 passed name of registered agent and lifte if applicable (NOTE: Registered Agent signaliste required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES THE MGRM Delete HILL ☐ Change ☐ Addition NAMI GAY, GERALD A JR. NAM STREET ADDRESS 1016 CAMPBELL STREET STREET ADDRESS CITY - SI - ZIP CITY ST-ZIP ORLANDO FL 32806 ШИ ☐ Delete THE Change ☐ Addition NAM NAMI STREET ADDRESS STREET ANDRESS CHY S1-ZIP CITY ST ZIP IDLE ☐ Defete 10116 ☐ Change Addition 🔲 NAM NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP IIIŒ ☐ Delete DH ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY S1-ZIE CHY ST ZIP HHE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP THILE Delete mir ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY ST-7IP

11. I horeby 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 logal 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.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED