

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106523

FILED
Apr 30, 2009
Secretary of State

Entity Name: COLLEGE SUITES AT WOODBURY, LLC

Current Principal Place of Business:

535 PARK AVENUE NORTH
WINTER PARK, FL 32790

New Principal Place of Business:

535 N PARK AVENUE
STE 224
WINTER PARK, FL 32789

Current Mailing Address:

535 PARK AVENUE NORTH
WINTER PARK, FL 32790

New Mailing Address:

PO BOX 1508
WINTER PARK, FL 32790

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WARREN E
312 WING LANE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

WILLIAMS, WARREN E
535 N. PARK AVE
SUITE 224
WINTER PARK, FL 32789 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARBE, UDO
Address: 535 PARK AVENUE NORTH
City-St-Zip: WINTER PARK, FL 32790

Title: MGR () Delete
Name: WILLIAMS, WARREN E
Address: 312 WING LANE
City-St-Zip: WINTER PARK, FL 32789

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARBE, UDO
Address: PO BOX 1508
City-St-Zip: WINTER PARK, FL 32790

Title: MGR (X) Change () Addition
Name: WILLIAMS, WARREN E
Address: PO BOX 1508
City-St-Zip: WINTER PARK, FL 32790

Title: MGR () Change (X) Addition
Name: GARBE, ANGELIKA
Address: PO BOX 1508
City-St-Zip: WINTER PARK, FL 32790

I hereby certify that the information supplied with this filing does not qualify 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: UDO GARBE

MGR

04/30/2009

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