

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106523

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** COLLEGE SUITES AT WOODBURY, LLC

**Current Principal Place of Business:**

535 N PARK AVENUE  
STE 224  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1508  
WINTER PARK, FL 32790

**New Mailing Address:**

**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  
535 N. PARK AVE  
SUITE 224  
WINTER PARK, FL 32789 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: MGR  
Name: GARBE, UDO  
Address: PO BOX 1508  
City-St-Zip: WINTER PARK, FL 32790

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

Title: MGR  
Name: GARBE, ANGELIKA  
Address: PO BOX 1508  
City-St-Zip: WINTER PARK, FL 32790

I hereby 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

04/21/2011

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