

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008942 1. Entity Name COLLEGE PARK L.L.C.					
Principal Place of Business 2010 FOREST ROAD WINTER PARK FL 32789			Mailing Address PO BOX 153 ORLANDO FL 32802		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3618257	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, CHARLES J JR 2010 FORREST RD WINTER PARK FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ☐ Delete COLLINS, CHARLES J JR. 2010 FORREST RD WINTER PARK FL 32789			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 000000603442 01/23/07-80013-020 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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: <u>Charles J. Collins Jr</u> JAN 21, 07 407-6447631 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

