2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# M05000002998

Entity Name: CHF-TAMPA, L.L.C.

Current Principal Place of Business:

3613 STEIN STREET
MOBILE, AL 36608

New Principal Place of Business:

Current Mailing Address:

3613 STEIN STREET
MOBILE, AL 36608

New Mailing Address:

FEI Number: 63-1173425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: COLLEGISTE HOUSING F, OUNDATION
Address: 3613 STEIN STREET
City-St-Zip: MOBILE, AL 36608

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

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

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

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: COVEY, LEEMAN
Address: 3613 STEIN STREET
City-St-Zip: MOBILE, AL 36608

Title: V ( ) Change (X) Addition
Name: HICKS, JOHN
Address: P. O. BOX 20966
City-St-Zip: TUSCALOOSA, AL 35402

Title: S ( ) Change (X) Addition
Name: EDWARDS, JACK
Address: P. O. BOX 123
City-St-Zip: MOBILE, AL 36601

Title: D ( ) Change (X) Addition
Name: GRIMBLE, STEPHEN
Address: P. O. BOX 4017
City-St-Zip: WILMINGTON, DL 19807

Title: D ( ) Change (X) Addition
Name: SLAUGHTER, JOHN
Address: 440 HAMILTON AVE., SUITE 302
City-St-Zip: WHITE PLAINS, NY 10601

I hereby certify that the information supplied with this filing does not qualify for the 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: LEEMAN H. COVEY P 01/08/2006

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