

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005487

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: CHF-DELAND, 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: COLLEIGATE 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: P (X) Change ( ) Addition  
Name: COLLEIGATE HOUSING F, OUNDATION  
Address: 3613 STEIN STREET  
City-St-Zip: MOBILE, AL 36608

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: STEPHEN, GRIMBLE  
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