

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005487

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

411 JOHNSON AVENUE
B
FAIRHOPE, AL 36532

New Principal Place of Business:

411 JOHNSON AVENUE
SUITE B
FAIRHOPE, AL 36532

Current Mailing Address:

411 JOHNSON AVENUE
B
FAIRHOPE, AL 36532

New Mailing Address:

411 JOHNSON AVENUE
SUITE B
FAIRHOPE, AL 36532

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: P () Delete
Name: COLLEIGATE HOUSING F, OUNDATION
Address: 411 JOHNSON AVENUE SUITE B
City-St-Zip: FAIRHOPE, AL 36532

Title: P () Delete
Name: COVEY, LEEMAN
Address: POST OFFICE BOX 1385
City-St-Zip: FAIRHOPE, AL 36533

Title: D () Delete
Name: HICKS, JOHN
Address: P. O. BOX 20966
City-St-Zip: TUSCALOOSA, AL 35402

Title: D () Delete
Name: EDWARDS, JACK
Address: P. O. BOX 123
City-St-Zip: MOBILE, AL 36601

Title: D () Delete
Name: DALY, THOMAS M
Address: 8646 GLASCOW ISLAND LOOP
City-St-Zip: EDISTO ISLAND, SC 29438

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLLEIGATE HOUSING F, OUNDATION
Address: 411 JOHNSON AVENUE SUITE B
City-St-Zip: FAIRHOPE, AL 36532

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

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

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

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

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: JANET G. BROWN

ASEC

03/31/2009

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