


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90261 009 ***138.75

DOCUMENT # M07000005579 1. Entity Name OFF-CAMPUS SOLUTIONS, LLC					
Principal Place of Business 9801 WASHINGTONIAN BLVD., SUITE 1245-D GAITHERSBURG, MD 20878			Mailing Address 9801 WASHINGTONIAN BLVD., SUITE 1245-D GAITHERSBURG, MD 20878		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 352 Suite, Apt. #, etc. Buffalo, NY City & State 14240			
Suite, Apt. #, etc.		4. FEI Number 26-1432297			
City & State		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAVEL, GEORGE 9801 WASHINGTONIAN BLVD., SUITE 1245-D GAITHERSBURG, MD 20878		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OFF-Campus Dining Network, LLC 9801 Washingtonian Blvd Gaithersburg, MD 20878	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMAT, THIERRY 9801 WASHINGTONIAN BLVD., SUITE 1245-D GAITHERSBURG, MD 20878		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERN, ROBERT A 9801 WASHINGTONIAN BLVD., SUITE 1245-D GAITHERSBURG, MD 20878		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Richard H. Allen</i> Richard H. Allen 3/3/08 866-372-8291					