

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034152

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** COLLEGE PARK VILLAGE AT FAIRVIEW, LLC

**Current Principal Place of Business:**

3409 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

900 FOX VALLEY DRIVE  
SUITE 104  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 20-1116345      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLICK, JAMES J  
3700 SOUTH CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 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:** MGR  
**Name:** KHOURY, ROBERT J  
**Address:** 900 FOX VALLEY DRIVE, SUITE 104  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGR  
**Name:** CICCARELLO, SALVATORE II  
**Address:** 534 TIMBERWOLF TRAIL  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** MGR  
**Name:** WRIGHTON, SHAMEEN N  
**Address:** 900 FOX VALLEY DRIVE, SUITE 104  
**City-St-Zip:** LONGWOOD, FL 32779 US

I hereby 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: ROBERT J. KHOURY      MGR      04/26/2012

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