2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOOLINAENT #1 00000405220

FILED Jan 18, 2007 8:00 am Secretary of State

PRISODOLA FL 32526 2. Principal Place of Business - No P.O. Box 4 3. Mailing Address Suite, Apt 4, etc. Suite,	1. Entity Name COLDWATER LLC						01-18-2007 90080 029 ****50.00				
Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. O1132007 Chg-LLC CR2E083 (12/06) Cry & State Cry & State A. FEI Number A.	5919 SOMERSET DRIVE 5919 SOMERSE										
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S. Neme and Address of Current Registered Agent S. Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered open. 8. The above named entity submits this statement for the purpose of changing its registered open. 8. The above named entity submits this statement for the purpose of changing its registered open. Or long in the State of Florida. I am familiar with, and accept the originators of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered open. Or registered upent, or both, in the State of Florida. I am familiar with, and accept the originators of registered agent. 8. Make check payable to Florida Department of State. 9. MANAGING MEMBERS / MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 10. ADDITIONS / C	City & State		City & State			4. FEI Numb	844675	· · · · · · · · · · · · · · · · · · ·			
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AGENTS AND CORPORATIONS, INC. SUITE E STREET ADDRESS, FL 34102 : 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 editions or registered agent. Signature to the collipations of registered agent. Filling Foe is \$50.00 Due by Way 1, 2007 8. MANAGING MEMBERS/MANAGERS 10. M		6. Name and Address of Current	egistered Agent			7. Name and	7. Name and Address of New Registered Agent				
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Pilling Fee Is \$30.00 Due by May 1, 2007	SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable. (NO	TE: Registered i	Agent signature rec	quired when reinstating)		DATE			
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	11. Thereby	certify that the information supplied will	h this filing does not qualify f	or the exer	nptions conta	ined in Chapter 11	9, Florida Statutes. I !	urther certify	hat the info	rmation	