

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT-(AR) - DUE BY MAY 1, 2008**

FILED
May 16, 2008 8:00 am
Secretary of State

04-15-2008 90112 036 ***138.75

DOCUMENT # L07000054905	
1. Entity Name COLUMBIA COLLIER PROPERTIES, LLC	

Principal Place of Business 700 11TH STREET S SUITE 101 NAPLES FL 34102 US	Mailing Address 700 11TH STREET S SUITE 101 NAPLES FL 34102 US
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2. Principal Place of Business - No P.O. Box # 1400 Gulfshore Blvd N. Suite, Apt. #, etc. 148	3. Mailing Address 1400 Gulfshore Blvd N. Suite, Apt. #, etc. 148
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City & State Naples FL	City & State Naples FL
Zip 34102	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 26-0472941	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. 3073 HORSESHOE DRIVE SOUTH SUITE 210 NAPLES FL 34104	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE
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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	MGRM RICHARD L. SCOTT INVESTMENTS, LLC 700 11TH STREET S, SUITE 101 NAPLES FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition 1400 Gulfshore Blvd N. Ste 148 Naples FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>C. J. J. J.</u>	1/28/08	239-263-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		