

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000014438

**Entity Name:** COLE PARTNERS LLC**Current Principal Place of Business:**80 WATER OAKS WAY  
NAPLES, FL 34103**Current Mailing Address:**819 CHATHAM ROAD  
GLENVIEW, IL 60025**FEI Number:** 45-2267518**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TILGHMAN, RICHARD HIII  
80 WATER OAKS WAY  
NAPLES, FL 34103 US*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

**Authorized Person(s) Detail :**

Title MGRM  
Name CARRIGAN, JOHN AIII  
Address 2451 S. PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA BEACH FL 33082

Title MGRM  
Name TILGHMAN, PATRICIA C  
Address 819 CHATHAM ROAD  
City-State-Zip: GLENVIEW IL 60025

Title MGRM  
Name CARRIGAN, MARY E  
Address E. 2354 ALPINE LANE  
City-State-Zip: LAVALLE WI 53941

Title MGRM  
Name CARRIGAN, MARY K  
Address 2777 GULF SHORE BLVD. NORTH  
UNIT 6W  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name COLLINS, KATHRYN F  
Address 6536 1ST AVE. NW  
City-State-Zip: SEATTLE WA 98117

Title MGRM  
Name WEEMS, FRED T  
Address 11042 BIG CANOE  
City-State-Zip: JASPER GA 30143

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA TILGHMAN

MANAGING PARTNER

02/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date