

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006932

1. Entity Name
COLEMAN REALTY HOLDINGS, L.L.C.



FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90030 012 ****50.00

Principal Place of Business

486 DEVON PLACE
HEATHROW, FL 32746

Mailing Address

486 DEVON PLACE
HEATHROW, FL 32746



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3690945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, PETER K
486 DEVON PLACE
HEATHROW, FL 32746

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **P MGRM**
COLEMAN, PETER K
STREET ADDRESS
CITY-ST-ZIP 486 DEVON PLACE
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #