2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L01000005050

1. Entity Name COLTAYA ACRES, L.L.C.

جيمية الله ^{الع}



Principal Place of Business

Mailing Address

4604 SWORDFISH DR. BRADENTON, FL 34208 4604 SWORDFISH DR. BRADENTON, FL 34208

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

03-03-2005 90029 005 ****50.00

MUDITORON



DO NOT WRITE IN THIS SPACE

01102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number	 Applied For
65-1107420	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

LEMAR, DAVID JR-6508 EAST FAVER AVE **TAMPA, FL 33617**

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, t	and accept
	the obligations of registered agent.		
	· f .		

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 STREET ADDRESS CITY-ST-ZIP	MGRM STANTON, CHRISTINE M 4604 SWORDFISH DRIVE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 of 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

2.28,05 941-747-1803