

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014421
 1. Entity Name
 COLUMBUS PARTNERS, LLC



Principal Place of Business 445 MCKINLEY DR SARASOTA, FL 34236	Mailing Address 445 MCKINLEY DR SARASOTA, FL 34236
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04122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1130797	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WOLF, JACK
 445 MCKINLEY DRIVE
 SARASOTA, FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

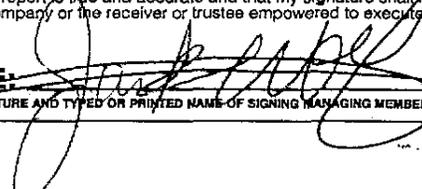
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, JACK 445 MCKINLEY DR SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000336698
 04/27/05-80137-009 50.00

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)(f), 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:  04/27/05 404-364-0025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #