

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90005 021 \*\*\*\*50.00

0062931

**DOCUMENT # L01000018968**

1. Entity Name  
**COLDESA INVESTMENTS, LLC**




Principal Place of Business      Mailing Address  
**4457 PRO AM AVE. EAST**      **4457 PRO AM AVE. EAST**  
**BRADENTON FL 34203**      **BRADENTON FL 34203**

2. Principal Place of Business      3. Mailing Address  
**2932 RAVINES RD.**      **2932 RAVINES RD**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Middleburg, FLA**      **Middleburg FLA**  
Zip      Country      Zip      Country  
**32068**      **32068**

**10100000**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1158454**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAMILTON, THEODORE J ESQ.**  
**2625 PARK TOWER 400 N.**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>MGRM</b>  | <input type="checkbox"/> Delete |
| NAME           | <b>MATTHEWS, COLIN</b>                                     |                                 |
| STREET ADDRESS | <del>4457 PRO AM AVE. EAST</del> <b>2932 RAVINES RD</b>    |                                 |
| CITY-ST-ZIP    | <del>BRADENTON FL 34203</del> <b>Middleburg, FLA 32068</b> |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

10. ADDITIONS / CHANGES

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

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 REQUIRED**      **5/1/03**      **904-282-1111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)