

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000021178 1. Entity Name 201 COLORADO AVENUE, L.L.C.	
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Principal Place of Business 3352 FAIRWAY WEST STUART, FL 34997	Mailing Address 3352 FAIRWAY WEST STUART, FL 34997
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01152008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1158469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHISHOLM, JAMES A  
 3352 FAIRWAY WEST  
 STUART, FL 34997

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

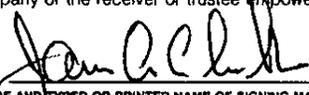
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHISHOLM, JAMES A 3352 FAIRWAY WEST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHISHOLM, JUDY A 3352 FAIRWAY WEST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000822932  
 02/20/08-80016-022 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*1/16/08* *772-485-1605*  
Date Daytime Phone #