

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90165 025 \*\*\*\*55.00

**DOCUMENT #** L01000022825

**1. Entity Name**

COLA HILLS, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5600 Paseo Place

Suite, Apt. #, etc.

**3. Mailing Address**

same

Suite, Apt. #, etc.

**City & State**  
Sanford, FL

**City & State**

**Zip**  
32771

**Country**  
Seminole

**Zip**

**Country**

**4. FEI Number**

59-3647149

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

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

**Name**

Stephen R. Looney

**Street Address (P.O. Box Number is Not Acceptable)**

800 N. Magnolia, Suite 1500

**City**

Orlando

**FL**

**Zip Code**  
32803

**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.**

**SIGNATURE**

*Stephen R. Looney*

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

Stephen R. Looney

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Manager  
Tucker, Tommy G.  
5600 Paseo Place  
Sanford, FL 32771

**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  
CITY-ST-ZIP**

**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  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

*Tommy G. Tucker*

Tommy G. Tucker, Manager

April 9, 2002

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

Date: 4/9/2002 Phone: 407-499-1200

CR2E083B (12/01)