

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000014150

1. Entity Name
COLUMBIA 90 LAND, LLC



Principal Place of Business
**2806 WEST US HWY. 90, STE. 101
LAKE CITY, FL 32055**

Mailing Address
**2806 WEST US HWY. 90, STE. 101
LAKE CITY, FL 32055**



03062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0733176

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAPPS, DANIEL
2806 WEST US HWY. 90, STE. 101
LAKE CITY, FL 32055**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CRAPPS, DANIEL
2806 WEST US HWY. 90, STE. 101
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SOUCINEK, FRANK
PO BOX 1867
LAKE CITY, FL 32056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENE, AL
1111 SW RIDGE STREET
LAKE CITY, FL 32024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CATAGNA, JERRY
521 NW OLD MILL ROAD
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOREST LAKE LAND TRUST
2806 W US 90 STE 101
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000463602
11/22/06-80055-024 50.00

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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

Date

Daytime Phone #

DANIEL CRAPPS as Manager 7/7/2007 386-755-5710