
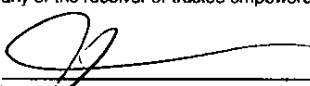


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90040 012 ***138.75

DOCUMENT # L02000014150 1. Entity Name COLUMBIA 90 LAND, LLC					
Principal Place of Business 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055			Mailing Address PO BOX 3659 LAKE CITY, FL 32056		
2. Principal Place of Business - No P.O. Box # 2806 W US90		3. Mailing Address Suite, Apt. #, etc. SUITE 101			
Suite, Apt. #, etc. SUITE 101		City & State LAKE CITY FL			
City & State LAKE CITY FL		City & State LAKE CITY FL		4. FEI Number 01-0733176	
Zip 32055		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name 2806 W US90 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 City LAKE CITY FL Zip 32055		
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 \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MGRM	CRAPPS, DANIEL	PO BOX 3659		
		LAKE CITY, FL 32056			
	MGRM	SOUCINEK, FRANK	PO BOX 1867	<input type="checkbox"/> Delete	
		LAKE CITY, FL 32056			
	MGR	GREENE, AL	1111 SW RIDGE STREET	<input type="checkbox"/> Delete	
		LAKE CITY, FL 32024			
	MGR	CATAGNA, JERRY	521 NW OLD MILL ROAD	<input type="checkbox"/> Delete	
		LAKE CITY, FL 32055			
	MGR	FOREST LAKE LAND TRUST	PO BOX 3659	<input type="checkbox"/> Delete	
		LAKE CITY, FL 32056			
				<input type="checkbox"/> Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DANIEL CRAPPS, Manager 4/30/08 586-7555110					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					