


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000006568</b><br>1. Entity Name<br>COLUMBIA INVESTMENT PROPERTIES, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>930 SW BAYA DRIVE<br>LAKE CITY, FL 32025 | Mailing Address<br>930 SW BAYA DRIVE<br>LAKE CITY, FL 32025 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LLC

CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>56-2363005 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>CREWS, KARENA JO<br>1353 SE LOQUAT WAY<br>LAKE CITY, FL 32025 |
|--|

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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000724209  
05/02/07-80102-013 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CREWS, KARENA JO<br>1353 SE LOQUAT WAY<br>LAKE CITY, FL 32025 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

|  |      |                 |
|--|------|-----------------|
| <b>SIGNATURE:</b>  KARENA J CREWS 4/17/07 386867-5000 | Date | Daytime Phone # |
|--|------|-----------------|