

FILED
Apr 26, 2004 8:00 am
Secretary of State

24054245

DOCUMENT # L03000012029				04-26-2004 90049 006 ****55.00	
1. Entity Name O.R. COLAN ASSOCIATES OF FLORIDA, LLC					
Principal Place of Business 439 N.E. 7TH AVENUE FT. LAUDERDALE, FL 33301-1207		Mailing Address 439 N.E. 7TH AVENUE FT. LAUDERDALE, FL 33301-1207		24054245	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 01-0780030	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUTH, CATHERINE C 439 N.E. 7TH AVENUE FT. LAUDERDALE, FL 33301-1207				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE Manager ☐ Delete			TITLE Vice President ☐ Change ☒ Addition		
NAME Catherine Colan Muth			NAME Ted Pluta		
STREET ADDRESS 439 NE 7th Ave			STREET ADDRESS 650 Bella Vista Court South		
CITY-ST-ZIP Ft. Lauderdale, FL 33301			CITY-ST-ZIP Jupiter FL 33477		
TITLE President ☐ Delete			TITLE Vice President ☐ Change ☒ Addition		
NAME Karen S. Ammar			NAME Richard Basila		
STREET ADDRESS 439 NE 7th Ave, Ft. Ldle FL 33301			STREET ADDRESS 527 SW 27th Rd, Miami FL 33129		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE Vice President ☐ Delete			TITLE Secretary/Treasurer ☐ Change ☒ Addition		
NAME Robert Merryman			NAME John Shelton		
STREET ADDRESS 31 Topping Ln, St. Louis MO 63131			STREET ADDRESS 6551 NE 20th Way		
CITY-ST-ZIP			CITY-ST-ZIP Fort Lauderdale, FL 33308		
TITLE Vice President ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME Allen Armstrong			NAME		
STREET ADDRESS 16203 White Creek Grove			STREET ADDRESS		
CITY-ST-ZIP Austin TX 78717			CITY-ST-ZIP		
TITLE Vice President ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME Verna Ann Neeley			NAME		
STREET ADDRESS 12012 Misty Brook Ct, Tampa FL33635			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE Vice President ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME Deborah Long			NAME		
STREET ADDRESS 29243 Birds Eye Drive			STREET ADDRESS		
CITY-ST-ZIP Wesley Chapel, FL 33543			CITY-ST-ZIP		
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: <u>Catherine Colan Muth</u> Catherine Colan Muth 4/15/04 (954) 763-5700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					