

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90005 032 ****50.00

DOCUMENT # L03000317126

1. Entity Name

LAS COLINAS DEVELOPMENT, LLC



Principal Place of Business

308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32501

Mailing Address

308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE



06292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-1488167
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDESEL F JR
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32501

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
YOUNG JR, JAMES A
5049 BASIN AVENUE
MILTON, FL 32583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

7-29-05