

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


9/8/2

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-08-2004 90002 020 ****50.00

DOCUMENT # L03000020810

1. Entity Name
COLBERT LANDINGS, LLC



Principal Place of Business Mailing Address
1991 INDUSTRIAL DR. **1991 INDUSTRIAL DR.**
DELAND FL 32724 **DELAND FL 32724**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
31-1822102 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

34010465



MOORE CR2E083 (4/04)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CAROLAN, J.P. - III
390 N. ORANGE AVE., STE. 1550
ORLANDO FL 32801

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBINSON DEVELOPMENT, LLC 1991 INDUSTRIAL DR. DELAND FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Robinson* **DAVID ROBINSON** 9/2/04 386-736-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #