

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

04-27-2006 90022 037 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L03000020810					
1. Entity Name COLBERT LANDINGS, LLC					
Principal Place of Business 1991 INDUSTRIAL DR. DELAND FL 32724			Mailing Address 1991 INDUSTRIAL DR. 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 31-1822102	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
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 WHWW, INC Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE SUITE 1500 City ORLANDO FL Zip Code 32801		
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		By: <u>Debbie Fricke, VP</u>		DATE 5/11/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)		DATE	
FILE NOW!!! FEE IS \$50.00			Make Check Payable to Florida Department of State		
Due By May 1, 2006					
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	
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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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>David Robinson</u>		Date 4/18/06		386-736-6688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	