

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

06-30-2004 90025 023 ****50.00

DOCUMENT # L03000021013 1. Entity Name COL-LEE, LLC					
Principal Place of Business 1001 BRICKELL BAY DRIVE #900 MIAMI, FL 33131			Mailing Address 1001 BRICKELL BAY DRIVE #900 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.: City & State: Zip: Country:		3. Mailing Address Suite, Apt. #, etc.: City & State: Zip: Country:		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">34009447</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 06242004 Chg-LLC CR2E083 (10/03) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 42-1594992 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent CORP DIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			MGRM VIVIAN DIMOND 1500 SAN REMO, SUITE 350 CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			MGRM BARRY ROSS 1001 BRICKELL BAY DRIVE #900 MIAMI, FL 33131	<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
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
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 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #