

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000035620**

1. Entity Name  
L & P COLORADO, LLC



Principal Place of Business  
7305 ROYAL OAK DR.  
SPRING HILL, FL 34607

Mailing Address  
7305 ROYAL OAK DR.  
SPRING HILL, FL 34607



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

JACKSON, LESLIE R  
7305 ROYAL OAK DR  
SPRING HILL, FL 34607

**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 renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JACKSON, LASLIE R  
7305 ROYAL OAK RD  
SPRING HILL, FL 34607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

U00000579292  
01/10/07-80001-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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** Leslie R. Jackson 1-3-07 352 650 9257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #