

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040495

Entity Name: COLE PROPERTIES LLC

FILED
Jan 05, 2008
Secretary of State

Current Principal Place of Business:

11455 NAUTICA CT.
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

11455 NAUTICA CT.
WELLINGTON, FL 33449

New Mailing Address:

FEI Number: 20-0326686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHR, ARTHUR W
4095 STATE ROAD #7
SUITE L PMB 128
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

ROHR, ARTHUR W
11455 NAUTICA CT.
WELLINGTON, FL 33449 US

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.

SIGNATURE: ARTHUR W ROHR

01/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROHR, ARTHUR W (BILL)
Address: 4095 STATE ROAD #7, SUITE L, PMB 128
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: SUSSMAN, LOIS E
Address: 4095 STATE ROAD #7, SUITE L, PMB 128
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROHR, ARTHUR W (BILL)
Address: 11455 NAUTICA CT.
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGR (X) Change () Addition
Name: SUSSMAN, LOIS E
Address: 11455 NAUTICA CT.
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR W ROHR

PRES

01/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date