

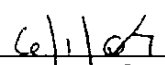


**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90197 010 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000041287</b>		
1. Entity Name <b>COLES ENTERPRISES, LLC</b>		
Principal Place of Business <b>306 SIGNATURE TERRACE SAFETY HARBOR, FL 34695</b>		Mailing Address <b>306 SIGNATURE TERRACE SAFETY HARBOR, FL 34695</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>COLES, DARNELL 306 SIGNATURE TERRACE SAFETY HARBOR, FL 34695</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 releasing)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COLES, DARNELL 306 SIGNATURE TERRACE SAFETY HARBOR, FL 34695</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COLES, SHARON LYNN 306 SIGNATURE TERRACE SAFETY HARBOR, FL 34695</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		 <small>Date</small>
		<small>Daytime Phone #</small>

60051973



05222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0347825

Applied For  
Not Applicable

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