


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90045 016 ****50.00

DOCUMENT # L03000048305

1. Entity Name
COLE DEVELOPMENT, LLC



Principal Place of Business Mailing Address

1128 NE 31ST ST 1128 NE 31ST ST
 OCALA, FL 34479 US OCALA, FL 34479 US

2. Principal Place of Business 3. Mailing Address


401 NW 1st Ave **401 NW 1st Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip **34475** Country Zip **34475** Country

60051030



04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2420035 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

R. WILLIAM FUTCH, PA
 610 SE 17TH STREET
 OCALA, FL 34471

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.

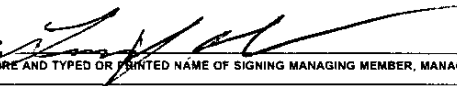
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, TIMOTHY 1128 NE 31ST ST OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4/17/06** **352-624-0005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #