


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90075 028 \*\*\*138.75

<b>DOCUMENT # L03000048305</b> 1. Entity Name <b>COLE DEVELOPMENT, LLC</b>					
Principal Place of Business <b>2303 NE 29TH TERRACE, SUITE 103 OCALA, FL 34470 US</b>			Mailing Address <b>2303 NE 29TH TERRACE, SUITE 103 OCALA, FL 34470 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2420035</b>	
Zip -		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TIMOTHY M. COLE 401 NW 1 AVENUE OCALA, FL 34475</b>				7. Name and Address of New Registered Agent Name <u>Timothy M Cole</u> Street Address (P.O. Box Number is Not Acceptable) <u>2303 NE 29th Terr.</u> <u>Suite 103</u> City <u>Ocala</u> <b>FL</b> Zip Code <u>34470</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, TIMOTHY 401 NW 1 AVENUE OCALA, FL 34475	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Timothy Cole Timothy 2303 NE 29th Terr. Suite 103 Ocala FL 34470
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<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.					
<b>SIGNATURE:</b> <u>Timothy M Cole</u>			<b>5-13-08</b> <b>352-895-6121</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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