


**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 COLE DEVELOPMENT, LLC					
Principal Place of Business 2303 NE 29TH TERRACE, SUITE 103 OCALA, FL 34470 US			Mailing Address 2303 NE 29TH TERRACE, SUITE 103 OCALA, FL 34470 US		
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 52-2420035	
Zip		Country		-Zip Country	
6. Name and Address of Current Registered Agent TIMOTHY M. COLE 401 NW 1 AVENUE OCALA, FL 34475				7. Name and Address of New Registered Agent Name <i>Timothy M Cole</i> Street Address (P.O. Box Number is Not Acceptable) <i>2303 NE 29th Terr.</i> <i>Suite 103</i> City <i>Ocala</i> FL Zip Code <i>34470</i>	
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.		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 401 NW 1 AVENUE OCALA, FL 34475	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Timothy Cole Timothy</i> <i>2303 NE 29th Terr. Suite 103</i> <i>Ocala FL. 34470</i>	<input checked="" 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: <i>Timothy M Cole</i>			Date: <i>5-13-08</i>		Daytime Phone #: <i>352-895-6121</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60041373



05132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 52-2420035 Applied For Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

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SIGNATURE: *Timothy M Cole* Date: *5-13-08* Daytime Phone #: *352-895-6121*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE