## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

		ANNUAL	REPORT				Secreta	ary o	1 <b>5</b> t	ate	
DOCUMENT # L04000003278							05-02-2005				
Entity Name     JOHN COLEMAN, LLC											
30/11/00	JELIVIAIV,										
Principal Plac	e of Business	<del>_,</del>	Mailing Address	1		-					
12486 CENT	TENNIAL STRI		12486 CENTENNIAL STREET								
SPRING HILL	., FL 34609		SPRING HILL, FL 346	09							
					<u> </u>						
2. Principal F	Place of Busine	ess	3. Mailing Address								
Suite, Apt #. etc			Suite, Apt. #, etc.			03242005	Chg-LLC	CR2E08	33 (10/03)		
City & State			City & State			4. FEI Num	ber 31(460)			plied For t Applicable	
Zip	1	Country	Zip	Counti	у	T .	e of Status Desired		5.00 Add		
	& Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent				
COLEMAN	, JOHN				Name						
124 CENT	ENNIAL S				Street Address	(P.O. Box Num	ber is Not Acceptabl	e)			
SPRING F	HLL, FLAGA	460 <del>9</del>		Ì							
	West of the second				City		<u> </u>	FL	Zip Code	Э	
		submits this statement for	the purpose of changing its	s registere	d office or registe	red agent, or b	oth, in the State of Fl		amiliar with,	and accept	
tne obliga	tions of registr	eled agent									
SIGNATURE	Signature, typed to	or printed name of registered agent an	d title d applicable. (NO1	TE. Registered	Agent signature require	d when reinstating)	<del></del>	DATE			
	-;		··		· <u>-</u>				<u>-</u>		
Filing Fee is \$50.00 Due by May 1, 2005						Make check payable to Florida Department of State					
9.	<u> </u>	MANAGING MEMBER	R /MANAGEDS	10.			ADDITIONS	ICHANGES			
TITLE	MGR	WANAGING MEWBER	Delete	TITLE		-	ADDITIONS		☐ Change	Addition	
NAME	COLEMAN	N, JOHN		NAME	,					_	
STREET ADDRESS CITY ST-ZIP		NTENNIAL ST. HLL, FL. 34609			T ADDRESS ST-ZIP						
TITLE	SPRINGP	11LL, FL 34009	☐ Deleje	TITLE	31-511			~	Change	☐ Addition	
NAME	į		Dordie	NAME					onenge		
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE	<del> </del>	<u> </u>	☐ Delete	TITLE	31-21				Change	☐ Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
THILE			☐ Delete	TITLE	01 211				☐ Change	Addition	
NAME				NAME						•	
STREET ADDRESS					T ADDRESS						
TITLE	<del> </del>		 ☐ Delete	TITLE	SI-ZIP		<u> </u>	_	☐ Change	Addition	
NAME			L Delete	NAME					Jimilgo		
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	-	<del></del>			ST-ZIP		<del></del>		Channa	[T] Addise	
TOTE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME	I						

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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CITY-ST-ZIP

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

Date

Daytime Phone #