

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004078

FILED  
Aug 31, 2006  
Secretary of State

**Entity Name:** COLYER & IZZO PROPERTIES LLC

**Current Principal Place of Business:**

4984 CUMBERLAND LANE  
SPRING HILL, FL 346072305

**New Principal Place of Business:**

**Current Mailing Address:**

4984 CUMBERLAND LANE  
SPRING HILL, FL 346072305

**New Mailing Address:**

FEI Number: 48-1271274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

IZZO, CHRISTOPHER  
4984 CUMBERLAND LANE  
SPRING HILL, FL 346072305 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IZZO, CHRISTOPHER  
Address: 4984 CUMBERLAND LANE  
City-St-Zip: SPRING HILL, FL 346072305

Title: MGR ( ) Delete  
Name: COLYER, WILLIAM  
Address: 4984 CUMBERLAND LANE  
City-St-Zip: SPRING HILL, FL 346072305

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER IZZO

MGR

08/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date