

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90315 010 ****50.00

DOCUMENT # L04000046307

1. Entity Name
COLICO, LLC



Principal Place of Business
**8825 EAST TAMiami TRAIL
NAPLES, FL 34112**

Mailing Address
**8825 EAST TAMiami TRAIL
NAPLES, FL 34112**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-1265712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WISEMAN, TAMELA E ESQ.
300 FIFTH AVENUE SOUTH, SUITE 221
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
Constance M. Burke

Street Address (P.O. Box Number is Not Acceptable)

1107 West Marion Avenue Suite 112

City
Punta Gorda

FL

Zip Code
34113

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOFF, JOSEPH D
8825 EAST TAMiami TRAIL
NAPLES, FL 34112** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DELANGE, LUIT
8825 EAST TAMiami TRAIL
NAPLES, FL 34112** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Mr. Luit de Lange
8825 Tamiami Trail East
Naples FL 34113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Mr. Joseph D. Boff
942 N. Collier Blvd
Marco Island FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Mr. Joel Ira Bobrow
8825 Tamiami Trail East
Naples FL 34113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Mrs. Ulrike de Lange- Garner
8825 Tamiami Trail East
Naples FL 34113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4/18/07

239 774 5333