

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051463

Entity Name: COLLESEUM LLC

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 2369
ORLANDO, FL 32802

New Principal Place of Business:

5728 MAJOR BLVD
SUITE 175
ORLANDO, FL 32819

Current Mailing Address:

PO BOX 2369
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-1347758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIDLER, DARREN B
14545 BLUEBIRD PARK ROAD
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

FIDLER, DARREN B
5728 MAJOR BLVD
SUITE 175
ORLANDO, FL 32819 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: DARREN FIDLER

01/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIDLER, DARREN B
Address: PO BOX 2369
City-St-Zip: ORLANDO, FL 32802

Title: MGRM () Delete
Name: COLLINS, CHERYL A
Address: PO BOX 2369
City-St-Zip: ORLANDO, FL 32802

Title: MGRM () Delete
Name: COLLINS, RICKIE T
Address: PO BOX 2369
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES:

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

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: DARREN FIDLER

MGRM

01/02/2007

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