
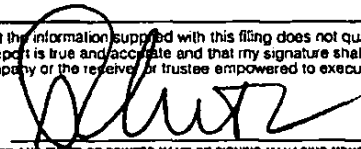


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/3

FILED
May 26, 2005 8:00 am
Secretary of State

05-03-2005 90015 029 ****50.00

DOCUMENT # L04000058465 1. Entity Name COLBERT PLAZA, LLC																																																																																						
Principal Place of Business 1 FLORIDA PARK DRIVE, ATRIUM SUITE PALM COAST, FL 32137			Mailing Address 1 FLORIDA PARK DRIVE, ATRIUM SUITE PALM COAST, FL 32137																																																																																			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																				
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">16-1706547</div>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent KATZ, B. PAUL 1 FLORIDA PARK DRIVE, ATRIUM SUITE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																			
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 re-registering) DATE _____																																																																																						
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MGR</td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KATZ, B. PAUL</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1 FLORIDA PARK DRIVE, ATRIUM SUITE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PALM COAST, FL 32137</td> <td></td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"> </td></tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	KATZ, B. PAUL		STREET ADDRESS	1 FLORIDA PARK DRIVE, ATRIUM SUITE		CITY-ST-ZIP	PALM COAST, FL 32137					TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input 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 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.																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE:  </div> <div style="width: 45%;"> 25 April 05 (386) 446-4469 </div> </div>																																																																																						

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