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Mar 21, 2005 8:00 am
Secretary of State
02-22-2005 90070 041 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000070029

1. Entity Name
COLDWATER PROPERTIES LLC

JUUU2148

Principal Place of Business	Mailing Address
8966 GREENWICH HILLS WAY UNIT #202 FORT MYERS, FL 33908 FL	330 E. 38TH STREET #20C ATTN: JONATHAN M. ACQUAFREDDA NEW YORK, NY 10016 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1885540 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACQUAFREDDA, JONATHAN 8966 GREENWICH HILLS WAY UNIT 202 FORT MYERS, FL 33908	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 Jon Acquafredda Jon Acquafredda 2/18/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ACQUAFREDDA, JONATHAN M 330 E. 38TH STREET #20C NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Jon Acquafredda Jon Acquafredda 2/18/05 212-682-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #