
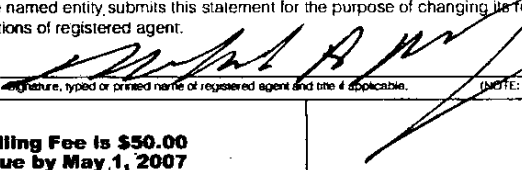
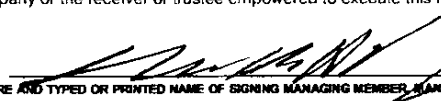


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90113 038 ****50.00

DOCUMENT # L04000086100					
1. Entity Name COLT DEVELOPMENT, L.L.C.					
Principal Place of Business 160 INDUSTRIAL PARK ROAD DESTIN, FL 32541			Mailing Address 160 INDUSTRIAL PARK ROAD DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 295 Azalea Dr Suite 4		3. Mailing Address 295 Azalea Dr Suite 4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Destin FL		City & State Destin FL		4. FEI Number 20-1965263	
Zip 32541		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BUCKINGHAM, MICHAEL A 160 INDUSTRIAL PARK ROAD DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 295 Azalea Dr Suite 4 City Destin FL Zip Code 32541		
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  DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKINGHAM, MICHAEL A 160 INDUSTRIAL PARK ROAD DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Buckingham 295 Azalea Dr Suite 4 Destin FL 32541	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	