2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000086887

1. Entity Name
COLEMAN ENTERPRISE, LLC

Principal Place of Business	Mailing Address
876 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779	876 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC   CR2E053 (11/05)

4. FEI Number
NOT APPLICABLE | Applied For
☑ Not Applicable

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

6. Name and Address of Current Registered Agent

JURGENS, J.A. ESQ.
J.A. JURGENS, P.A.
505 WEKIVA SPRINGS ROAD, SUITE #500
LONGWOOD, FL 32779

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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, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	CHILTON, PENNY	
STREET ADDRESS	876 SWEETWATER ISLAND CIRCLE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	MGRM	
NAME	COLEMAN, JEAN ANN	
STREET ADDRESS	1708 GARDINER LANE	
CITY-ST-ZIP	LOUISVILLE, KY 40205	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

U00000493055
04/19/06-80030-013 50.00

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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: *Penny Chilton*   Penny Chilton   4-3-06   407-869-940_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #