

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086887

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: COLEMAN ENTERPRISE, LLC

**Current Principal Place of Business:**

876 SWEETWATER ISLAND CIRCLE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

876 SWEETWATER ISLAND CIRCLE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHILTON, PENNY  
Address: 876 SWEETWATER ISLAND CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: COLEMAN, JEAN ANN  
Address: 1708 GARDINER LANE  
City-St-Zip: LOUISVILLE, KY 40205

**ADDITIONS/CHANGES:**

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 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: PENNY CHILTON

MGR

03/09/2009

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