

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90008 029 ****50.00

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03242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000007127 1. Entity Name COLIS FAMILY, LLC					
Principal Place of Business 3555 FAIROAKS LANE LONGBOAT KEY, FL 34228			Mailing Address 3555 FAIROAKS LANE LONGBOAT KEY, FL 34228		
2. Principal Place of Business 1515 Ringling Blvd. Suite, Apt. #, etc. 10th Floor		3. Mailing Address P.O. Box 3018 Suite, Apt. #, etc.		4. FEI Number 20-3985139 Applied For <input type="checkbox"/> Not Applicable	
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34236	Country U.S.A.	Zip 34230	Country U.S.A.		
6. Name and Address of Current Registered Agent FERGESON, JAMES O JR. 3555 FAIROAKS LANE LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name James O. Fergeson, Jr. Street Address (P.O. Box Number is Not Acceptable) 1515 Ringling Blvd., 10th Floor City Sarasota FL Zip Code 34236	
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 <u><i>James O. Fergeson Jr.</i></u> <u><i>James O. Fergeson, Jr.</i></u> DATE <u><i>3/29/06</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u><i>Peter G. Colis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>4/14/06</i></u> Daytime Phone # _____		