

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012676

FILED
Mar 19, 2009
Secretary of State

Entity Name: COLWILL FAMILY DON PEDRO, LLC

Current Principal Place of Business:

4605 CLARKSDALE LANE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

4605 CLARKSDALE LANE
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 20-2348676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLWILL, CHARLES C
Address: 4605 CLARKSDALE LANE
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: COLWILL, DEBRA A
Address: 4605 CLARKSDALE LANE
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM (X) Delete
Name: COLWILL, CHRISTOPHER R
Address: 4605 CLARKSDALE LANE
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANDRA ALBEE, AUTHORIZED REPRESENTATIVE

AR

03/19/2009

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