

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026372

Entity Name: COLUMBIA ONE, L.L.C.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

2810 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308

Current Mailing Address:

2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

New Mailing Address:

2810 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, TIMOTHY D
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

PADGETT, TIMOTHY D
2810 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308 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:

03/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PADGETT, TIMOTHY D
Address: 2810 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: CURETON, BRYAN
Address: 3717 LOMA FARM ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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: TIMOTHY D. PADGETT

MGMR

03/10/2008

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