

## FILED Jun 06, 2006 8:00 am Secretary of State

DOCUMENT # L05000040354  1. Entity Name COLUMBUS DRIVE LLC								05-01-2006	90041	015 ****	*50.00
Principal Place 9625 WES KE RIVERVIEW, F	ARNEY WAY		Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #. etc.				04072006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State				4. FEI Numb	Ď-27259	856	) Ap	plied For t Applicable
Zip		Country	Zip	try		5. Certificate	of Status Desired	□	\$5,00 Add Fee Required		
	6. Name	and Address of Current F					7. Name and Address of New Registered Agent				
HARRIS, T				Name Street Address (P.O. Box Number is Not Acceptable)							
RIVERVIE											
					City			<u></u>	FL	Zip Code	9
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 accepted obligations of registered agent.											and accept
SIGNATURE Signature, typod or primated represent agent and this if applicable. (NOTE: Replacered Agent signature required when claracisting)  DATE											
Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture req						a Lerimaci M	udit (m-deletal)	<del></del>	UAIE	<del></del>	
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				,
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/C	HANGES		
TITLE	MGR Delete TITL HARRIS, TRACY J JR				· I	MGRM HARRIS, TRACY J JR  Change □ Addition				☐ Addition	
NAME STREET ADDRESS						9625 WES KEARNEY WAY					
CITY-ST-ZIP	RIVERVII	СПА	-ST-ZIP	RIV	ERVIEW	FL 33569		_	ļ		
TITLE	MGR		Delete	mu		MGRI	M DMEV	BING C.W.	TD	Change	Addition
HAME	KEARNEY, BING W JR 9625 WES KEARNEY WAY				E ET ADDRESS			KEARNEY W		$F_{ij}$	
STREET ADDRESS CITY-ST-ZIP								FL 33569			
TITLE		***	Delete	TITL						Change	Addition
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ITLE	<del> </del>		Oelets	TITL						Change	Addition
HAME	ļ			NAM	1						Į.
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST-ZIP						
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 ilmited liability company or the receiver or trustee empowered to execute this regular as required by Chapter 608, Florida Statutes.											
I indicated	on this more	or is true and acquirate and	that my signature shall have to	ha sam	e legal effect s required by	it as if ma ly Chapte	ade under oall ir 608, Florida	n; mat i am a managii Statutes.	ng memb	er or manage	r of the
indicated	on this reposition the compa	or is true and acquirate and	that my signature shall have to	ha sam	s required by	y Chapte	r 608, Florida	n; mai i am a managi Siatutes. ARRIS, JR		_	r of the