


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90040 039 \*\*\*138.75

<b>DOCUMENT # L05000048670</b> 1. Entity Name 2 COLUMBUS, LLC		
Principal Place of Business C/O STEVEN A. RAYMUND 5350 TECH DATA DRIVE CLEARWATER, FL 33760		Mailing Address C/O STEVEN A. RAYMUND 5350 TECH DATA DRIVE CLEARWATER, FL 33760
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
BARNETT, LESLIE J 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA, FL 33606		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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		DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYMUND, STEVEN A <input type="checkbox"/> Delete 2020 BRIGHTWATERS BLVD. NE SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYMUND, STEVEN A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 SUNSET WAY ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: STEVEN A. RAYMUND 4-29-08 727-538-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MGRM DATE DAYTIME PHONE #