2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000070737

1. Entity Name
COLOMBIA PLAZA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
6312 N ARMENIA AV TAMPA, FL 33604	P.O. BOX 152347 TAMPA, FL 33684-2347

DO NOT WRITE IN THIS SPACE

01222007No Chg-LLC CR2E083(11/05)

4. FEI Number
20-3150544

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OROZCO, FABIO H
6312 N ARMENIA AVENUE
TAMPA, FL 33604

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

U00000614319
02/05/07-80020-024 50.00

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	OROZCO, FABIO H
STREET ADDRESS	P.O. BOX 152347
CITY-ST-ZIP	TAMPA, FL 336842347
TITLE	MGRM
NAME	LEWIS, MARIA CASTRO
STREET ADDRESS	P.O. BOX 152347
CITY-ST-ZIP	TAMPA, FL 336842347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: F. L. Fabio Orozco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #