

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90021 025 ****50.00

DOCUMENT # L05000104489

1. Entity Name
THE COLISEUM, LLC



Principal Place of Business
2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32301

Mailing Address
2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

PO BOX 2535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL

Zip

Country

Zip

32316

Country

US

01182006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3686030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOSEPH P ESQ.
215 S. MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Steven M. Leoni
Street Address (P.O. Box Number is Not Acceptable)
2020 W Pensacola
Suite 27
City
Tallahassee FL Zip Code
32304

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)

DATE

03/30/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
LEONI, STEVEN
STREET ADDRESS
2020 W PENSACOLA STREET, SUITE 27
CITY - ST - ZIP
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
MGRM
ROSEN, PETER S
STREET ADDRESS
2020 W PENSACOLA STREET, SUITE 27
CITY - ST - ZIP
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
MGRM
SAULS, JAMES S
STREET ADDRESS
2020 W PENSACOLA STREET, SUITE 27
CITY - ST - ZIP
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO BOX 2535
32316-2535 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PO BOX 2535
32316-2535 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PO BOX 2535
32316-2535 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/30/06

Date

850-580-3131

Daytime Phone #