

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
07 APR 27 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000104489

1. Entity Name
THE COLISEUM, LLC



Principal Place of Business

2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32301

Mailing Address

PO BOX 2535
TALLAHASSEE, FL 32316

BK



01252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

LEONI, STEVEN M
2020 WEST PENSACOLA
SUITE 27
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

BK

000101634260
05/07/07--01006--025 **50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN PO BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, PETER S PO BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAULS, JAMES S PO BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-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 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, OR AUTHORIZED REPRESENTATIVE

4/17/07

Date

850-580-3131

Daytime Phone #