2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L05000104489

Entity Name: THE COLISEUM, LLC

Current Principal Place of Business:

2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 2535
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 20-3686030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEONI, STEVEN
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGR (X) Delete
Name: ROSEN, PETER S
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGR (X) Delete
Name: SAULS, JAMES S
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 M. LEONI MGRM 04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date