

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012636

Entity Name: COLESON PROPERTIES, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

631 LAUREL OAK LANE
UNIT 105
ALATAMONTE SPRINGS, FL 32701

New Principal Place of Business:

6632 WILD ORCHID TRAIL
LAKE WORTH, FL 33449

Current Mailing Address:

631 LAUREL OAK LANE
UNIT 105
ALATAMONTE SPRINGS, FL 32701

New Mailing Address:

6632 WILD ORCHID TRAIL
LAKE WORTH, FL 33449

Name and Address of Current Registered Agent:

MATTHEW, JEFF L
631 LAUREL OAK LANE
UNIT 105
ALATAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

DAVIDSON, DAVID H
6632 WILD ORCHID TRAIL
LAKE WORTH, FL 33449 US

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: DAVID DAVIDSON

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM Delete
Name: MATTHEW, JEFF L
Address: 631 LAUREL OAK LANE UNIT 105
City-St-Zip: ALATAMONTE SPRINGS, FL 32701

Title: MGRM Delete
Name: DAVIDSON, JOYCE R
Address: 4536 SAN AMARO DR.
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM Delete
Name: DAVIDSON, DAVID H
Address: 7076 SW 48TH LANE
City-St-Zip: MIAMI, FL 33155

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: DAVID DAVIDSON

MGRM

04/15/2009

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