

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042168

Entity Name: COLEMAN PROPERTIES, LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

23501 JENNINGS ROAD
MYAKKA, FL 34251

New Principal Place of Business:

Current Mailing Address:

23501 JENNINGS ROAD
MYAKKA, FL 34251

New Mailing Address:

FEI Number: 20-4740210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANE, COLEMAN
23501 JENNINGS ROAD
MYAKKA, FL 34251 US

Name and Address of New Registered Agent:

DIANE, COLEMAN M
23501 JENNINGS ROAD
MYAKKA, FL 34251 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: DIANE M. COLEMAN

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEVEN, COLEMAN
Address: 23501 JENNINGS ROAD
City-St-Zip: MYAKKA, FL 34251

Title: MGRM () Delete
Name: JOSHUA, BENTLEY
Address: 23501 JENNINGS ROAD
City-St-Zip: MYAKKA, FL 34251

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STEVEN, COLEMAN M
Address: 23501 JENNINGS ROAD
City-St-Zip: MYAKKA, FL 34251

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

Title: MGR () Change (X) Addition
Name: COLEMAN, DIANE M
Address: 23501 JENNINGS ROAD
City-St-Zip: MYAKKA, FL 34251

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE M. COLEMAN

MGR

04/09/2007

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