

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90039 033 ****55.00

DOCUMENT # L06000074123					
1. Entity Name COLEMAN CONSTRUCTION MANAGEMENT SERVICES, LLC					
Principal Place of Business 1870 BARTON STREET LONGWOOD, FL 32750			Mailing Address 1870 BARTON STREET LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 405 Palm Springs Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 405 Palm Springs Dr <small>Suite, Apt. #, etc.</small>			
City & State Longwood, FL Zip: 32750 Country: USA		City & State Longwood, FL Zip: 32750 Country: USA		4. FEI Number 20-5274281 <small>Applied For</small> <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				07182007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE. 300 TAMPA, FL 33637			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLEMAN, ANTHONY W 1870 BARTON STREET LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm Coleman, Anthony W. 405 Palm Springs Dr Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Anthony W. Coleman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	