

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078675

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: COOL CHANNELSIDE LLC

**Current Principal Place of Business:**

917 LAKE HOLLINGSWORTH DRIVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

917 LAKE HOLLINGSWORTH DRIVE  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 20-5352385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLEE, PAUL B  
917 LAKE HOLLINGSWORTH DRIVE  
LAKELAND, FL 33803 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: COLEE, PAUL B  
Address: 917 LAKE HOLLINGSWORTH DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete  
Name: TRASK, JANET K  
Address: 939 BELLA VISTA STREET E.  
City-St-Zip: LAKELAND, FL 33805

Title: MGR ( ) Delete  
Name: COLEE, CHRISTOPHER A  
Address: 16344 ASHLINGTON PARK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete  
Name: PITRE, PAMELA  
Address: 3003 164TH PLACE  
City-St-Zip: CLEARWATER, FL 33670

Title: MGR ( ) Delete  
Name: COLEE, SUSAN L  
Address: 917 LAKE HOLLINGSWORTH DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: MGR ( ) Delete  
Name: PITRE, SHAWN M  
Address: 3003 164TH PLACE  
City-St-Zip: CLEARWATER, FL 33670

**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:

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: PAUL B. COLEE

MGRM

02/05/2009

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