2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 16, 2008 8:00 am
Secretary of State
04-15-2008 90112 036 ***138.75

DOCUMENT # L07000054905

1. Entity Name
COLUMBIA COLLIER PROPERTIES, LLC

Principal Place of Business	Mailing Address
700 11TH STREET S SUITE 101 NAPLES FL 34102 US	700 11TH STREET S SUITE 101 NAPLES FL 34102 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1400 Gulfshore Blvd N.	1400 Gulfshore Blvd N.
Suite, Apt. #, etc. 148	Suite, Apt. #, etc. 148
City & State Naples FL	City & State Naples FL
Zip 34102 Country USA	Zip 34102 Country USA

4. FEI Number 26-0472941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES FL 34104

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RICHARD L. SCOTT INVESTMENTS, LLC		NAME		
STREET ADDRESS	700 11TH STREET S, SUITE 101		STREET ADDRESS	1400 Gulfshore Blvd N. Ste 148	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	Naples FL 34102	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C Gleuog 1/28/08 239-263-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #