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 034 ***138.75

DOCUMENT # L07000065109

1. Entity Name
RICHARD L. SCOTT INVESTMENTS, LLC

Principal Place of Business	Mailing Address
700 11TH STREET SOUTH, SUITE 101 NAPLES FL 34102	700 11TH STREET SOUTH, SUITE 101 NAPLES FL 34102

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.: Ste 148		Suite, Apt. #, etc.: Ste 148	
City & State: Naples FL		City & State: Naples FL	
Zip: 34102	Country: USA	Zip: 34102	Country: USA

4. FEI Number: 62-1707645 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GELLATLY, CATHY
700 11TH STREET SOUTH, SUITE 101
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1400 Gulfshore Blvd N.
Ste 148
City: Naples FL Zip Code: 34102

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	COLUMBIA COLLIER MANAGEMENT, LLC	NAME	
STREET ADDRESS	700 11TH STREET SOUTH, 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
NAME		NAME	
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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	
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: Cathy Gellatly 1/30/08 239-263-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #