

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083486

Entity Name: CMI-COLINA BAY, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

1042 N US HWY 1  
SUITE #15  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1042 N US HWY 1  
SUITE #15  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 26-0742961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAZAR, JOEL  
8239 LAKE CROWELL CIRCLE  
ORLANDO, FL 32836 US

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

LAZAR, JOEL  
1042 N US HWY 1  
SUITE 15  
ORMOND BEACH, FL 32174 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: \_\_\_\_\_ 04/29/2008  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STRASSER, CHARLES L  
Address: 1316 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: WICHNERR, ALAIN J  
Address: 6440 LAKE BURDEN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 34786

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: CHARLES L STRASSER      MGR      04/29/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date