

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032323

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: 555 COLORADO AVENUE, LLC

**Current Principal Place of Business:**

555 COLORADO AVE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

555 COLORADO AVE  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 32-0247018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRARY, LAWRENCE E III  
555 COLORADO AVE  
STUART, FL 34994 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: BOVIE, GEORGE F III  
Address: 555 COLORADO AVE  
City-St-Zip: STUART, FL 34994

Title: MGRM ( ) Delete  
Name: CRARY, LAWRENCE E III  
Address: 555 COLORADO AVE  
City-St-Zip: STUART, FL 34994

Title: MGRM ( ) Delete  
Name: CRARY, WILLIAM F JR  
Address: 555 COLORADO AVE  
City-St-Zip: STUART, FL 34994

**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:

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: LAWRENCE E CRARY III

MGRM

02/20/2009

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