2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001129

1. Entity Name
COLSON INVESTMENTS, LLC

Principal Place of Business	Mailing Address
181 CARICA ROAD NAPLES, FL 34108	181 CARICA ROAD NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3569837
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HECKER, SUSAN BARRETT
WILLIAM, PARKER, HARRISON, DIETZ & GETZEN
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SLAUGHTER, MYRIAM
STREET ADDRESS	181 CARICA ROAD
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MGR
NAME	COLSON MITCHELL, DANIELLE
STREET ADDRESS	98 RUE SYR LA FONTAINE
CITY-ST-ZIP	4000 LIEGE, BELGIUM,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/05-80035-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ X 2/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #