## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 14, 2004 08:00 AM Secretary of State DOCUMENT # L99000004719 1. Entity Name COL-DA, L.L.C. Principal Place of Business Mailing Address 11690 STONEHAVEN WAY 11690 STONEHAVEN WAY WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 03252004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. PEI Number Applied For 65-0939992 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREEMAN, DONALD J DO NOT WRITE 1400 CENTREPARK BLVD., STE 909 WEST PALM BEACH, FL 33401 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE\_Begistered Agent signature required when reinstating) Filing Fee is \$50.00 1100000112555 Due by May 1, 2004 04/14/04-80025-016 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE COLE, JAMES R NAME STREET ADDRESS 11690 STONEHAVEN WAY CITY-ST-ZIP WEST PALM BEACH, FL MGRM TITLE DAVIS, RICHARD NAME STREET ADDRESS 7980 WOODSMUIR DRIVE CITY-ST-7IP WEST PALM BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ппе NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

Devtime Phone #