2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007120 1. Entity Name COL-CAN, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS	
	.'			00 JAN 3	81 AM 8: 07
Principal Plac	e of Business	Mailing Address			
1001 NORTH US HIGHWAY ONE. SUITE 400 1001 NORTH US HIGHWAY JUPITER FL 33477-4406			ONE. SUITE 400		
2. Principal Place of Business 3. Ma		3. Mailing Address	-		ili 8012) 80211 10001 11010 11011 8011 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· DO NOT WRITE IN THIS SPACE	
City & State		City & State	 .	4. FEI Number 06-1562745	Applied For Not Applied Sol
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required
. چەد د	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regis	stered Agent
LETTEN COOT I				s (P.O. Box Number is Not Acceptable)	FL Zip Code
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida	ı.
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE
			W!!! FEE IS \$50.00	of State	
9.	MANAGING MEMBI		10.	ADDITIONS/CH.	ANGES Change C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Anthony J. Coluc 1001 N. U.S. Hwy Jupiter, FL 334	One, Ste 400	NAME		octorigo
TITLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY- ST- ZIP	3000031 -02/02/ *****5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second of th	Delete	TITLE NAME STREET ADDRESS CITY- ST- 2(P		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY- 81- ZIP	X	☐ Change ☐ Additic
TITLE HAME STREET ADDRESS GITY-ST-ZIP		C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	YITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	e same legal effect as i	Section 119.07(3)(i), Florida Statutes. I furl if made under oath; that I am a managing apter 608, Florida Statutes.	ther certify that the information member or manager of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01/18/00

(561) 747-011

Daytime Phone #