2004 LIMITED LIABILITY COMPANYANNUAL REPORT

DOCUMENT # L99000007120

1. Entity Name COL-CAN, L.L.C.



Principal Place of Business

1001 NORTH US HIGHWAY ONE, SUITE 400 JUPITER, FL 33477 Mailing Address

1001 NORTH US HIGHWAY ONE, SUITE 400 JUPITER, FL 33477 FILED Feb 10, 2004 08:00 AM Secretary of State

CR2E083 (10/03)



DO NOT WRITE IN THIS SPACE 02042004 No Chg-LLC

4. FEI Number Applied For 06-1562745 Not Applied

5. Certificate of Status Desired

Not Applicable

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEITTEN, SCOTT J 1001 NORTH US HIGHWAY ONE, SUITE 400 JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

 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.	Signature, typed or primed name of registered agent and title if applicable.	[NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLUCCI, ANTHONY J JR 1001 NORTH US HIGHWAY ONE, SUITE 400 JUPITER, FL 33477		0000044335 714-80040-013-55700
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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: Luck

CITY-ST-7P

PRINTED NAME OF STORING MANAGING MEMBER, OR AUTHORIZED REFRESENTATIVE

2/4/64 541-747-611

Daytime Phone #