

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000753

Entity Name: COLLEEFLA I, LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

27200 RIVERVIEW CENTER BOULEVARD, STE 309
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27200 RIVERVIEW CENTER BOULEVARD, STE 309
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-4066743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN & GRIGSBY, PC
27200 RIVERVIEW CENTER BLVD., SUITE 309
BONITA SPRINGS, FL 34134 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: MGR () Delete
Name: CHIAFULLO, JAMES D
Address: 11 STANWIX STREET, 15TH FLOOR
City-St-Zip: PITTSBURGH, PA 15222 US

Title: MGR () Delete
Name: BRODBECK, CHARLES R
Address: 11 STANWIX STREET, 15TH FLOOR
City-St-Zip: PITTSBURGH, PA 15222 US

Title: MGR () Delete
Name: NEVIN, HUGH W JR.
Address: 27200 RIVERVIEW CENTER BLVD., SUITE 309
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: JAMES CHIAFULLO

MGR

01/09/2009

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