


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>COLUMBIA DEVELOPMENT GROUP, L.L.C. P.O. BOX 12783 ALBANY NY 12212</b>		<b>DOCUMENT # M96000000506</b>  <b>1a. Principal Place of Business, Address</b>  <b>52 CORPORATE CIRCLE ALBANY NY 12212</b>  <div style="text-align: right;"><i>MWB</i></div>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	
<b>3. Date Organized or Qualified</b>  12/16/1996		<b>3a. State of Formation</b>  NY	
<b>4. FEI Number</b>  14-1725901		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b>		<b>6. Certificate of Status Desired</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$8.75 Additional Fee Required</div> <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  SUTTON, KEVIN H ESQUIRE C/O CARLTON FIELDS 777 S. HARBOR ISLAND BLVD., SUITE 50 TAMPA FL 33602		<b>8. Name and Address of New Registered Agent</b> <div style="border: 1px solid black; padding: 2px;">Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div></div>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ <div style="font-size: x-small; text-align: center;">(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</div>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DUKE, DONALD R. LEL	52 CORPORATE CIRCLE	ALBANY NY
MGRM	NICOLLA, JOSEPH R	52 CORPORATE CIRCLE	ALBANY NY
<div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>800002118258--1</b> -03/19/97--01106--012 ****203.75 ****203.75</div>			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
<div style="display: flex; justify-content: space-between; align-items: center;"><div><b>SIGNATURE:</b> <i>Donald Led Duke</i> <i>&amp; Donald Led Duke</i></div><div><i>11/31/97</i></div><div><i>018452-8200</i></div></div> <div style="font-size: x-small; text-align: center; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</div>			