

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000160192

**Entity Name:** PAT COLBERT OIL PROPERTIES LLC**Current Principal Place of Business:**561 QUAIL LAKE DR  
DEBARY, FL 32713**Current Mailing Address:**561 QUAIL LAKE DR  
DEBARY, FL 32713**FEI Number:** 46-4128976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLBERT, MICHAEL  
561 QUAIL LAKE DR  
DEBARY, FL 32713 US*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:** MICHAEL COLBERT

04/08/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COLBERT, MICHAEL  
Address 561 QUAIL LAKE DR  
City-State-Zip: DEBARY FL 32713

Title MGRM  
Name WAGSTAFF, SHAWNA K  
Address 943 SANTA FE AVE  
City-State-Zip: VENTURA CA 93004

Title AUTHORIZED MEMBER  
Name THOMAS, ANDREA C.  
Address 55706 BRAE BURN  
City-State-Zip: LA QUINTA CA 92253

Title AUTHORIZED MEMBER  
Name COLBERT, BRETT STEPHEN  
Address 128 POKOLE WAY  
City-State-Zip: KAILUA HI 96734

Title AUTHORIZED MEMBER  
Name COLBERT, M MICHELLE  
Address 10048 GREY CROW DR  
City-State-Zip: FORT WORTH TX 76177

Title AUTHORIZED MEMBER  
Name HOBBS, VIOLET COLBERT  
Address 201 SEASCAPE RD  
City-State-Zip: RANCHO PALOS VERDES CA 90275

Title AUTHORIZED MEMBER  
Name COLBERT, DOUGLASS C JR.  
Address 62 LOCKE ST  
City-State-Zip: SACO ME 04072

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL COLBERT

MANAGING MEMBER

04/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date