

**2015 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

09/12/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	COLBERT, MICHAEL	Name	WAGSTAFF, SHAWNA K
Address	561 QUAIL LAKE DR	Address	943 SANTA FE AVE
City-State-Zip:	DEBARY FL 32713	City-State-Zip:	VENTURA CA 93004
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	THOMAS, ANDREA C.	Name	COLBERT, BRETT STEPHEN
Address	55706 BRAE BURN	Address	128 POKOLE WAY
City-State-Zip:	LA QUINTA CA 92253	City-State-Zip:	KAILUA HI 96734
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	COLBERT, DOUGLASS C JR.	Name	COLBERT, M MICHELLE
Address	7427 MATTHEWS-MIN HILL ROAD SUITE 105 PMB 177	Address	10048 GREY CROW DR
City-State-Zip:	CHARLOTTE NC 28227	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		

*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 SCOTT COLBERT

MANAGING MEMBER

09/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date