2004 LIMITED LIABILITY COMPANY

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## ANNUAL REPORT (AR) DOCUMENT #10100009334

## FILED Apr 21, 2004 8:00 am Secretary of State

Daytime Phone #

1. Entity Name  COLONY OF PALM BEACH LLC					04-21-2004 90453 022 ****50.00				
Principal Place of Business		Mailing Address	Mailing Address						
400 POST AVENUE WESTBURY NY 11590		400 POST AVENUE WESTBURY NY 11590							
2. Principal	Place of Business	3. Mailing Address			-				
· · · · · · · · · · · · · · · · · · ·						Milet al arti ilet agui di			411
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E083	(11/03)	t	
City & State		City & State			4. FEI Number 11-3634764			<del></del>	oplied For ot Applicable
Zip Country		Zip Coun		ry 5. Certificate of Status Des		te of Status Desired		5.00 Add	
	6. Name and Address of Curre	ent Registered Agent				7. Name and Address of New Registered Agent			
*OF	ATON, HARRY L ESQ. **-	شاسیادیا دار یا پای	<u>_</u> _^	lame					
735	ATON, MARRY L ESQ. 50 LE CHALET BLVD. YNTON BEACH FL 33437		S	street Address (	P.O. Box Num	ber is Not Accepta	ole)		
	,						· · · · · · · · · · · · · · · · · · ·		
				City		•	FL	Zip Cod	e
	e named entity submits this statement tions of registered agent.	it for the purpose of changing it	s registered o	ffice or register	red agent, or b	oth, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE	·			<del></del>					
<del></del>	Signature, typed or printed name of registered as	1897-121-1818-18-18-18-18-18-18-18-18-18-18-18-	Grayesa ka ya	ent signature required	d when reinstating)		DATE		
		Make Check Payal	STATE OF STA		nt of State				
9	MANAGING MEN	MBERS/MANAGERS	10.			ADDITION	S/CHANGES		
TITLE	PD	☐ Delete	TITLE		,		!	Change	Addition
NAME STREET ADDRESS	MONTER, ELLIOT 400 POST AVENUE		NAME STREET AL	ODRESS					
CITY-ST-ZIP	WESTBURY NY 11590		CITY-ST-	ZIP					
TITLE	VD	☐ Delete	TITLE					Change	☐ Addition
-NAME Street Address	SPIRIO, RICHARD 400 POST AVENUE	•	name Street al	DDRESS					
CITY-ST-ZIP	WESTBURY NY 11590		CITY-ST-	1					
TITLE	STD	☐ Delete	TITLE					Change	Addition
. NAME STREET ADDRESS	HALBERG, CHARLES 400 POST AVENUE	. w	- NAME - STREET AL	1					,
CITY-ST-ZIP	WESTBURY NY 11590		CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE				-	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET AL	ODRESS					
CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET AL	ODRESS					
CITY-ST-ZIP			CITY-ST-	1					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET AL	nnbess					
CITY-ST-ZIP			, CITY-ST-						
indicatéd	certify that the information supplied on this report is true and accurate a shifty company or the receiver or true	and that my signature shall have	e the same leg	gal effect as if n	nade under oa	th; that I am a man	s. I further certif aging member	y that the ir or manage	nformation er of the