

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000009334

1. Entity Name
COLONY OF PALM BEACH LLC



Principal Place of Business
400 POST AVENUE
WESTBURY, NY 11590

Mailing Address
400 POST AVENUE
WESTBURY, NY 11590



04072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3634764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEATON, HARRY L ESQ.
7350 LE CHALET BLVD.
BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME MONTER, ELLIOT
STREET ADDRESS 400 POST AVENUE
CITY-ST-ZIP WESTBURY, NY 11590

TITLE VD
NAME SPIRIO, RICHARD
STREET ADDRESS 400 POST AVENUE
CITY-ST-ZIP WESTBURY, NY 11590

TITLE STD
NAME HALBERG, CHARLES
STREET ADDRESS 400 POST AVENUE
CITY-ST-ZIP WESTBURY, NY 11590

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000316146
04/19/05-80063-006 50.00

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IN THIS SPACE**

11. I 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 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

SIGNATURE:

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

Date

Daytime Phone #