

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L02000010815 | |  |
| 1. Entity Name COLONY WEST, LLC | | |
| Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756-3302 | Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756-3302 |  01172006No Chg-LLC CR2E083 (11/05) 4. FEI Number 01-0689468 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required Applied For Not Applicable |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756-3302 | | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLYNN, THOMAS F 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756 |  03/07/06-80034-014 55.00 DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FLYNN, KEVIN T 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756 | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Kevin T. Flynn, Vice President 2/20/06 727 449 1182 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | |