

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000015767**

1. Entity Name  
**COLONY CLUB APARTMENTS OF BOYNTON LLC**



Principal Place of Business  
**400 POST AVE.  
WESTBURY, NY 11590**

Mailing Address  
**400 POST AVE.  
WESTBURY, NY 11590**

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**74-3051035**

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 LA 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MONTER, ELLIOT  
400 POST AVE  
WESTBURY, NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MONTER, GERALD  
400 POST AVE  
WESTBURY, NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MONTER, MARILYN  
400 POST AVE  
WESTBURY, NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000751018  
05/18/07-80087-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**MARILYN MONTER**

Date

**4/25/07**

Daytime Phone #

**516-333-4200**