2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016488

1. Entity Name
COLONY CLUB APARTMENTS AT BOYNTON
DEVELOPMENT CO. LLC

Principal Place of Business	Mailing Address
400 POST AVENUE WESTBURY, NY 11590	400 POST AVENUE WESTBURY, NY 11590

DO NOT WRITE IN THIS SPACE

08172006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
74-3051037		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

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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 September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	MONTER, ELLIOT
STREET ADDRESS	400 POST AVE
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	D
NAME	MONTER, GERALD
STREET ADDRESS	400 POST AVE
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	D
NAME	MONTER, MARILYN
STREET ADDRESS	400 POST AVE
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000575837
09/01/06-80003-008 50.00

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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: _____ MARILYN MONTER _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #