

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91809 016 ****50.00

0069277

DOCUMENT # L02000016488



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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
74-3051037 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	D	<input type="checkbox"/> Delete
NAME	MONTER, ELLIOT	
STREET ADDRESS	400 Post Ave	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTER, GERALD	
STREET ADDRESS	400 Post Ave	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTER, MARILYN	
STREET ADDRESS	400 Post Ave	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED**

Date: **4-30-03** Daytime Phone #: **(516) 333-9200**

CR2E083 (10/02)