

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90206 022 ****50.00

DOCUMENT # L03000004227

1. Entity Name
COLONIAL HOLDING COMPANY, LLC



Principal Place of Business
**4367 NORTH FEDERAL HIGHWAY, #101
 FORT LAUDERDALE, FL 33308**

Mailing Address
**4367 NORTH FEDERAL HIGHWAY, #101
 FORT LAUDERDALE, FL 33308**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1652086

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**AURELIUS, ERIC J
 4367 NORTH FEDERAL HIGHWAY, #101
 FORT LAUDERDALE, FL 33308**

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)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AURELIUS, ERIC J 4367 NORTH FEDERAL HIGHWAY, #101 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AURELIUS, SCOT E 4367 NORTH FEDERAL HIGHWAY, #101 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Eric J. Aurelius* **1/24/04** **954-472-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #