

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90148 026 ****50.00

DOCUMENT # M0300000828

1. Entity Name
COLONY PLACE, LLC



Principal Place of Business
25101 CHAGRIN BLVD., SUITE 300
C/O GOLDBERG COMPANIES, INC
BEACHWOOD, OH 44122

Mailing Address
25101 CHAGRIN BLVD., SUITE 300
C/O GOLDBERG COMPANIES, INC
BEACHWOOD, OH 44122

24064375



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

14-1873793

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

MGR
GOLDBERG, JORDAN A
25101 CHAGRIN BLVD., SUITE 300
BEACHWOOD, OH 44122

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

MGR
GOLDBERG, LARRY
25101 CHAGRIN BLVD #300
BEACHWOOD OHIO 44122

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

MGR
BELL, ERIC
25101 CHAGRIN BLVD #300
BEACHWOOD OHIO 44122

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

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

X 4/27/04

Date

Daytime Phone #

LARRY GOLDBERG, member