


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90039 001 \*\*\*100.00

**DOCUMENT # L06000108691**

1. Entity Name  
 1665 COLONIAL AVENUE, LLC



Principal Place of Business: 1665 COLONIAL AVENUE, LLC FORT MYERS, FL 33919  
 Mailing Address: 1665 COLONIAL AVENUE, LLC FORT MYERS, FL 33919

**30012808**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07052007 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number: **20-5866756**  
 Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
 EASTERBROOK, JEFF  
 5245 CEDARBEND DRIVE #1  
 FORT MYERS, FL 33919

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 Fees \$50.00**  
**Due by September 14, 2007**

**Make check payable to Florida Department of State**

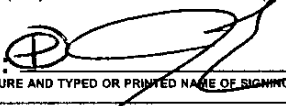
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EASTERBROOK, JEFF	
STREET ADDRESS	5245 CEDARBEND DRIVE, #1	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HODGE, BRAD	
STREET ADDRESS	PO BOX 12	
CITY-ST-ZIP	TERRA CEIA, FL 34250	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HERITAGE HOLDING OF TAMPA BAY CORP.	
STREET ADDRESS	2552 1ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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:  **JEFF EASTERBROOK** Date: **9/6/07** Daytime Phone #: **941 928-8769**

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