

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # L02000010815

1. Entity Name
COLONY WEST, LLC



Principal Place of Business
516 LAKEVIEW ROAD UNIT 8
CLEARWATER, FL 33756-3302

Mailing Address
516 LAKEVIEW ROAD UNIT 8
CLEARWATER, FL 33756-3302



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0689468

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD UNIT 8
CLEARWATER, FL 33756-3302

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000840340
03/05/08-80043-014 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLYNN, THOMAS F
STREET ADDRESS	516 LAKEVIEW ROAD #8
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VP
NAME	FLYNN, KEVIN T
STREET ADDRESS	516 LAKEVIEW ROAD #8
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

Kevin T. Flynn, Vice President

2/22/08

727-449-1182

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

Date

Daytime Phone #