FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04748

1. Entity Name
COLONY EAST ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
% THOMAS M. GRAHAM & CO. 230 PARK AVE. SUITE 945 NEW YORK, NY 10169	% THOMAS M. GRAHAM & CO. 230 PARK AVE. SUITE 945 NEW YORK, NY 10169

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-1558295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRONE, ERWIN 5856 DAHLIA DR. ORLANDO, FL 32807	Name: CHARLES VODRASKA Street Address (P.O. Box Number is Not Acceptable): 5856 DAHLIA DRIVE ORLANDO, FLORIDA 32807 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: _____ 5-7-03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $254,999.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	GRAHAM, THOMAS M JR.	CITY-ST-ZIP	
STREET ADDRESS	275 WILLOW ST.		
CITY-ST-ZIP	SOUTHPORT, CT		
DOCUMENT #		STREET ADDRESS	
NAME	WERWAISS, JOHN A	CITY-ST-ZIP	
STREET ADDRESS	1107 6TH AVE.		
CITY-ST-ZIP	NEW YORK, NY		
DOCUMENT #		STREET ADDRESS	
NAME	ANDREWS, VINCENT S JR.	CITY-ST-ZIP	
STREET ADDRESS	101 OCEAN AVE.		
CITY-ST-ZIP	SANTA MONICA, CA		
DOCUMENT #		STREET ADDRESS	
NAME	ANDREWS, ROBERT L	CITY-ST-ZIP	
STREET ADDRESS	161 SUNRISE HILL LANE		
CITY-ST-ZIP	NORWALK, CT		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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CR2E003 (10/02)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Thomas M. Graham 5/6/03 212 983 0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #