

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:25

<b>DOCUMENT # A95000000085</b> 1. Entity Name COLONIAL DEVELOPMENT GROUP, LTD.					
Principal Place of Business 1505 E. COLONIAL DR. ORLANDO, FL 32803			Mailing Address 1505 E. COLONIAL DR. ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3291776	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHUFFIELD, W. CHARLES ESQ. 315 E. ROBINSON STREET SUITE 600 ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) 1000 Legion Place, Suite 1700 City Orlando FL Zip Code 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
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 #	P95000003074		STREET ADDRESS		
NAME	COLONIAL DEVELOPMENT GROUP, INC.		CITY - ST - ZIP		
STREET ADDRESS	1505 E. COLONIAL DR.		CITY - ST - ZIP		
CITY - ST - ZIP	ORLANDO, FL 32803		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/25/06 Daytime Phone #: 407-896-0594		

STAPLE CHECK HERE

*[Handwritten signature]*

100074081061  
 05/05/06--01049--001 \*\*\$500.00

*[Handwritten signature: Donaldson K. Bentley Jr.]*