


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

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| <b>DOCUMENT # A95000000085</b><br>1. Entity Name<br>COLONIAL DEVELOPMENT GROUP, LTD. |  |
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**FILED**  
 2007 APR 30 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|  |  |
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| Principal Place of Business<br>1505 E. COLONIAL DR.<br>ORLANDO, FL 32803 | Mailing Address<br>1505 E. COLONIAL DR.<br>ORLANDO, FL 32803 |
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| 2. Principal Place of Business - No P.O. Box #<br>941 Lake Baldwin Ln<br>Suite, Apt. #, etc. | 3. Mailing Address<br>941 Lake Baldwin Ln<br>Suite, Apt. #, etc. |
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04192007 Chg-LP CR2E003 (12/06)

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| City & State<br>Orlando FL<br>Zip<br>32814<br>Country<br>USA | City & State<br>Orlando FL<br>Zip<br>32814<br>Country<br>USA |
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|                             |   |
|-----------------------------|---|
| 4. FEI Number<br>59-3291776 | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|-----------------------------|---|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>SHUFFIELD, W. CHARLES ESQ.<br>1000 LEGION PLACE<br>SITE 1700<br>ORLANDO, FL 32801 |
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| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |
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| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 |                                  |
|---------------------------------|----------------------------------|
| DOCUMENT #                      | P95000003074                     |
| NAME                            | COLONIAL DEVELOPMENT GROUP, INC. |
| STREET ADDRESS                  | 1505 E. COLONIAL DR.             |
| CITY-ST-ZIP                     | ORLANDO, FL 32803                |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY-ST-ZIP              | 800101853068<br>05/02/07--01040--016 **500.00 |
| STREET ADDRESS           |   |
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| CITY-ST-ZIP              |   |

STAPLE CHECK HERE

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

|   |                              |
|---|------------------------------|
| <b>SIGNATURE:</b>  | Date: 4/19/07 (407) 896-0594 |
|---|------------------------------|