


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000085		
1. Entity Name COLONIAL DEVELOPMENT GROUP, LTD.		

Principal Place of Business 941 LAKE BALDWIN LN ORLANDO, FL 32814	Mailing Address 941 LAKE BALDWIN LN ORLANDO, FL 32814
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01102008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3291776	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHUFFIELD, W. CHARLES ESQ. 1000 LEGION PLACE SITE 1700 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000003074 COLONIAL DEVELOPMENT GROUP, INC. 1505 E. COLONIAL DR. ORLANDO, FL 32803	STREET ADDRESS CITY - ST - ZIP	941 LAKE BALDWIN LANE ORLANDO, FL 32814
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01/17/08--01042--016 **500.00

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/08 407 896-0594
Date Daytime Phone #