


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:54

DOCUMENT # A97000001729	
1. Entity Name COLONIAL & METRO, LTD.	

Principal Place of Business 204 E 17TH STREET SUITE 202 COSTA MESA, CA 92627	Mailing Address 204 E 17TH STREET SUITE 202 COSTA MESA, CA 92627
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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



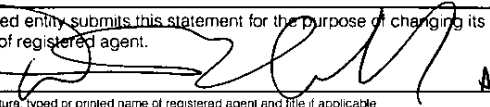
01082007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3462362	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	
DECUBELLIS & MEEKS PROFESSIONAL ASSOC. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name CFRA LLC	
Street Address (P.O. Box Number is Not Acceptable) 4221 W. Bay Scout Blvd. Suite 1000	
City TAMPA	FL Zip Code 33607

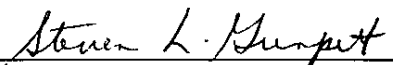
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2/8/07

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000069115	STREET ADDRESS	
NAME	METRO PARKWAY LEE COUNTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	10933 84TH PLACE NE		
CITY-ST-ZIP	KIRKLAND, WA 98034		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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: 	Steven L. Gumpert	1/12/07	(949) 764-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE