


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 11:32

DOCUMENT # B95000000292 1. Entity Name COLONIAL VILLAGE MANAGEMENT ASSOCIATES LTD.	
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Principal Place of Business 33 SOUTH SERVICE ROAD JERICO, NY 11753	Mailing Address 33 SOUTH SERVICE ROAD JERICO, NY 11753
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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	Zip	Country

01242008 Chg-LP CR2E003 (12/06)

4. FEI Number 11-2921319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOHAMMADBHOY, ADAM C/O HARLEE & BALD, P.A. 202 OLD MAIN STREET BRADENTON, FL 34205	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	F95000003811	STREET ADDRESS	
NAME	COLONIAL VILLAGE MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	33 SOUTH SERVICE ROAD		
CITY-ST-ZIP	JERICO, NY 11753		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

200123021942
 04/11/08--01020--006 **500.00

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *Colonial Village Management Associates, Inc. V.P.* **Date** *3/26/08* **Daytime Phone #** *516-333-2006*

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