2008 LIMIT PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Jan 18, 2008 08:00 AM Secretary of State

DOCUMENT # B97000000497

1. Entity Name

METRO TREATMENT OF FLORIDA, L.P.



Principal Place of Business

14050 TOWN LOOP BLVD.

SUITE 204

ORLANDO, FL 32837

Mailing Address

14050 TOWN LOOP BLVD.

SUITE 204

ORLANDO, FL 32837



01102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 58-2341219

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GALLAGHER, T. MARK 14050 TOWN LOOP BLVD., SUITE 204 ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida.	l am familiar with, and	accept
the obligations of registered agent.	U000007	39744	
		and the second second second second	~ ~^

SIGNATURE _

Signature, typed or printed name of registered agent and title if applicable.

01/23/08-2<u>9</u>005-020-500.00

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.

I	12.	GENERAL PARTNER INFORMATION
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	B9700000489 COLONIAL GP, L.P. 70 MAIN STREET NEW CANAAN, CT 06840
	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	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	,

DO NOT WRITE IN THIS SPACE

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

1/17/08

(407) 351-7080

Daytime Phone #