

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90021 050 \*\*\*\*50.00

**DOCUMENT # L00000000425**

1. Entity Name  
**COLONIAL MANAGEMENT, LC**



Principal Place of Business  
**2666 SWAMP CABBAGE CT.  
FORT MYERS, FL 33901**

Mailing Address  
**P.O. BOX 7584  
FT MYERS, FL 33911**

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0974404**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAYER, G.T.  
1008 1/2 DREW ST  
CLEARWATER, FL 33755**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entry 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

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

(NOTE: Registered Agent signature required when restate(s))

**4/8/05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MAYER, G.T.  
1008 1/2 DREW ST  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #