

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016300 AF

DOCUMENT # L00000005756

1. Entity Name  
COLONIAL INVESTMENTS, L.L.C.

FILED

01 MAY -3 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4748 SOUTH OCEAN BLVD  
UNIT 9-A  
HIGHLAND BEACH FL 33487

Mailing Address  
4748 SOUTH OCEAN BLVD  
UNIT 9-A  
HIGHLAND BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4748 S. Ocean Blvd.

3. Mailing Address  
183 Barra Lane

Suite, Apt. #, etc.  
Unit 9-A

Suite, Apt. #, etc.

City & State  
Highland Beach, FL

City & State  
Inverness, IL

4. FEI Number  
36-4370987

Applied For  
Not Applicable

Zip  
33487

Country  
USA

Zip  
60067-8002

Country  
USA

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

## 6. Name and Address of Current Registered Agent

GOLIS, PAUL  
2000 GLADES ROAD  
SUITE 208  
BOCA RATON FL 33431

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600004335186-9  
-05/31/01--01008--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Hawkins, Michael J.  
4748 South Ocean Blvd. Unit 9A  
Highland Beach, FL 33487

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Michael J. Hawkins* MGRM, Michael J. Hawkins 4-25-01 (847) 705-5400

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

Date

Daytime Phone #

CR2E083 (11/00)