

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90047 001 ****50.00

DOCUMENT # L00000010588

1. Entity Name

COLONIAL PARTNERS, L.L.C.



Principal Place of Business

**4975 BONITA BEACH ROAD
#207
BONITA SPRINGS FL 34134**

Mailing Address

**4975 BONITA BEACH ROAD
#207
BONITA SPRINGS FL 34134**

20019450



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3752787**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAWFORD, J. STEPHEN
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34315**

Name

ROBERT R CORRION

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

4975 BONITA BEACH RD #207

City

BONITA SPRINGS

FL

Zip Code

34134

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 *Robert R Corrion*
Signature, typed or printed name of registered agent and title if applicable.

ROBERT R CORRION

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **CORRION, ROBERT R**
STREET ADDRESS **4975 BONITA BEACH ROAD, #207**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 *Robert R Corrion* **REQUIRED**

ROBERT R CORRION

1-27-03

239

4986631

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

Date

Daytime Phone #

CR2E083 (10/02)

0039467