## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000002583**

1. Entity Name

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPE

2220 CORPORATE BLVD NW ST 401 BOCA RATON, FL 33431

COLONIAL DEVELOPMENT GROUP, LLC



Mailing Address

2220 CORPORATE BLVD NW ST 401

BOCA RATON, FL 33431

## FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90077 047 \*\*\*\*50.00

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04192004 No Chg-LLC

CR2E083 (10/03)

Fee Required

4. FEI Number		Applied For
90-0034702		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

HCRM CORP. 2200 CORPORATE BOULEVARD, N.W., SUITE 401 BOCA RATON, FL 33431

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4.20.04

	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE_				
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLONIAL MANAGER, INC. 2220 CORPORATE BOULEVARD, N.W., SUITE 401 BOCA RATON, FL 33431			
TITLE NAME STREET AODRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
indicated	certify that the information supplied with this filing does not qualify for the exe on this report is true and accurate and that my signature shall have the sam bility company or the receiver or trustee empowered to execute this report a	imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.		

Joseph R. Cook

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE