


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90057 022 ****50.00

DOCUMENT # L01000002583	
1. Entity Name COLONIAL DEVELOPMENT GROUP, LLC	

Principal Place of Business 2220 CORPORATE BLVD NW ST 401 BOCA RATON, FL 33431	Mailing Address 2220 CORPORATE BLVD NW ST 401 BOCA RATON, FL 33431
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20051529

2. Principal Place of Business 515 E. Las Olas Boulevard Suite, Apt. #, etc. Suite 1050	3. Mailing Address 515 E. Las Olas Boulevard Suite, Apt. #, etc. Suite 1050
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04122005 Chg-LLC CR2E083 (10/03)

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33301	Zip 33301
Country USA	Country USA

4. FEI Number 90-0034702	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLONIAL MANAGER, INC. 2220 CORPORATE BOULEVARD, N.W., SUITE 401 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	515 E. Las Olas Boulevard, Suite 1050 Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Daniel E. Adache Date: 4/18/05 Daytime Phone #: 954-524-0607