

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90363 009 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L01000009334**

1. Entity Name  
**COLONY OF PALM BEACH LLC**



Principal Place of Business

**400 POST AVENUE  
WESTBURY, NY 11590**

Mailing Address

**400 POST AVENUE  
WESTBURY, NY 11590**

**DO NOT WRITE IN THIS SPACE**

04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**11-3634764**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEATON, HARRY L ESQ.  
7350 LE CHALET BLVD.  
BOYNTON BEACH, FL 33437**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MONTER, ELLIOT  
400 POST AVENUE  
WESTBURY, NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SPIRIO, RICHARD  
400 POST AVENUE  
WESTBURY, NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
HALBERG, CHARLES  
400 POST AVENUE  
WESTBURY, NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MARION MONTER  
400 POST AV  
WESTBURY NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #