

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009334

FILED
Feb 13, 2009
Secretary of State

Entity Name: COLONY OF PALM BEACH LLC

Current Principal Place of Business:

400 POST AVENUE
WESTBURY, NY 11590

New Principal Place of Business:

Current Mailing Address:

400 POST AVENUE
WESTBURY, NY 11590

New Mailing Address:

FEI Number: 11-3634764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: MONTER, ELLIOT
Address: 400 POST AVENUE
City-St-Zip: WESTBURY, NY 11590

Title: VD () Delete
Name: SPIRIO, RICHARD
Address: 400 POST AVENUE
City-St-Zip: WESTBURY, NY 11590

Title: STD () Delete
Name: HALBERG, CHARLES
Address: 400 POST AVENUE
City-St-Zip: WESTBURY, NY 11590

Title: V () Delete
Name: MONTER, MARILYN
Address: 400 POST AVE
City-St-Zip: WESTBURY, NY 11590

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARILYN MONTER

VP

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date