


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2004 90077 041 ****50.00

DOCUMENT # L01000016474	
1. Entity Name C L ISLE OF VENICE, LLC	

Principal Place of Business 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON, FL 33431	Mailing Address 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON, FL 33431
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24058810



2. Principal Place of Business 2200 NW Corporate Blvd.	3. Mailing Address 2200 NW Corporate Blvd.
Suite, Apt. #, etc. Suite 401	Suite, Apt. #, etc. Suite 401
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431	Country US

03032004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD. N.W., SUITE 401 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2200 NW Corporate Blvd. Suite 401 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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DALCO CAPITAL MANAGEMENT GROUP, INC. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Colonial Manager, Inc. 2200 NW Corporate Blvd., Suite 401 Boca Raton, FL 33431 <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
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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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: Joseph R. Cook **Joseph R. Cook** **4/22/04** **561-997-9223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #