

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90057 026 \*\*\*\*50.00

20051525



04082005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L01000016474</b> 1. Entity Name <b>C L ISLE OF VENICE, LLC</b>			
Principal Place of Business <b>2200 NW CORPORATE BLVD STE 401 BOCA RATON, FL 33431</b>		Mailing Address <b>2200 NW CORPORATE BLVD STE 401 BOCA RATON, FL 33431</b>	
2. Principal Place of Business <b>515 E. Las Olas Blvd.</b> Suite, Apt. #, etc. <b>Suite 1050</b> City & State <b>Fort Lauderdale, FL</b> Zip Country <b>33301 USA</b>		3. Mailing Address <b>515 E. Las Olas Blvd.</b> Suite, Apt. #, etc. <b>Suite 1050</b> City & State <b>Fort Lauderdale, FL</b> Zip Country <b>33301 USA</b>	
4. FEI Number <b>65-1158181</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>HCRM CORP. 2200 NW CORPORATE BLVD STE 401 BOCA RATON, FL 33431</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COLONIAL MANAGER, INC. 2200 NW CORPORATE BLVD STE 401 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301</b> <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
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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.			
<b>SIGNATURE:</b>		<b>Daniel E. Adache</b> 4/18/05 954-524-0607	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	