


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90110 015 ****55.00

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| DOCUMENT # L01000016708 |  |
| 1. Entity Name COLONIAL INN, LLC | |

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| Principal Place of Business 14565 SIMS ROAD DELRAY BEACH FL 33484 US | Mailing Address 14565 SIMS ROAD DELRAY BEACH FL 33484 US |
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|---------------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 5861 Heritage Park Way |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Delray Beach FL |
| Zip | Zip 33484 |
| Country | Country Palm Beach |



MOORE CR2E083 (11/03)

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| 4. FEI Number 65-1143653 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHEMEL, ROBERT G 5861 5861 HERITAGE PARK WAY DELRAY BEACH FL 33484 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5861 Heritage Park Way City Delray Beach FL Zip Code 33484 |
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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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHEMEL, ROBERT G 5861 HERITAGE PARK WAY DELRAY BEACH FL 33484 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HERITAGE PARK RETIREMENT COMMUNITIES, LLC 5861 HERITAGE PARK WAY DELRAY BEACH FL 33484 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5861 Heritage Park Way Delray Beach FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5861 Heritage Park Way Delray Beach FL 33484 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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 609, Florida Statutes.

SIGNATURE: Robert G. Schemel **Robert G. Schemel** 4/27/04 5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 496-4440