

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 020 ***143.75

DOCUMENT # L01000016708

1. Entity Name
COLONIAL INN, LLC



Principal Place of Business
14565 SIMS ROAD
DELRAY BEACH, FL 33484 US

Mailing Address
5861 HERITAGE PARK WAY
DELRAY BEACH, FL 33484 US

30003631



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1143653

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEMEL, ROBERT G
5861 HERITAGE PARK WAY
DELRAY BEACH, FL 33484

**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 fee application.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHEMEL, ROBERT G
5861 HERITAGE PARK WAY
DELRAY BEACH, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HERITAGE PARK RETIREMENT COMMUNITIES, LLC
5861 HERITAGE PARK WAY
DELRAY BEACH, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 #

1/14/08

561-496-4440