LIMITED LIABILITY COMPANY

FILED 5. 2002 8:00 am

U	HIFURNI BUSINES	REPURI	UDM		11p1 10, 2002		
DOCU 1. Entity Nam	MENT # L0100002175			Secretary of State 04-16-2002 90084 044 ****50.00			
COLONY BAY PROPERTIES, LLC							
DO NOT WRITE IN THIS SPACE					V U U U U		
2. Principal P 4345 Suite, Apt.	Place of Business E. IRADEWINDS AUE 4, etc.	WINDS AUE	DO NOT WRITE IN THIS SPACE				
City & State GLAUDENOALE H City & State GLAUDENOALE G			e A	4. FEI Number Applied For Not Applicable			
3330	OS Country 2 745A	33308	Oountry 215 A	5. Certifica		5.00 Additional ee Required	
		7. Name and Address of Current Registered Agent					
	DO NOT WRI		Name CHRISTOPHEK D. WORDEN Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				4345 E. TRADEWINDS AUENUE City Jip Code 3			
9 The above	named entity submits this statement for the p	urpage of abanding its vasi	IT LA	WDEKD!		zigcod 2	
G. THE ABOVE	maried entity submits this statement for the p	arpose of changing its regi	stered office of registe	neo agent, or t	odin, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent and title if	applicable.			DATE		
		IS \$50.00 le to Department of BY MAY 1	of State				
9.	MANAGING MEMBERS/M	ANAGERS					
TITLE NAME	11/47046/06/1/211108/C		TITLE NAME				
STREET ADDRESS	MANAGING MEMBER CHILISTOPHEND. WONDEN 4345 E. TRADEWINOS AUE.		STREET ADDRESS				
CITY-ST-ZIP	FridudeKDALE, PL 33308		CITY-ST-ZIP				
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NAME						18	
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STREET ADDRESS	ADDRESS		STREET ADDRESS				
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11. Thereby c	ertify that the information supplied with this fill	ng does not qualify for the	exemption stated in Se	ection 119.07(3	 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: CHRISTOPHERD, WORDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date