

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004067

Entity Name: COLAN PROPERTIES, LLC

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

439 NE 7TH AVE.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

439 NE 7TH AVE.
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 04-3610042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUTH, CATHERINE C
Address: 4201 N. OCEAN DR., #206
City-St-Zip: HOLLYWOOD, FL 33019

Title: P () Delete
Name: MUTH, CATHERINE C
Address: 4201 N. OCEAN DR., #206
City-St-Zip: HOLLYWOOD, FL 33019

Title: ST () Delete
Name: MUTH, CATHERINE C
Address: 4201 N. OCEAN DR., #206
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUTH, CATHERINE C
Address: 4201 N. OCEAN DR., #206
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE COLAN MUTH

MGRM

02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date