2005 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY - ST-7IP

SIGNATURE:

Apr 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L02000015767** 1. Entity Name COLONY CLUB APARTMENTS OF BOYNTON LLC Principal Place of Business Mailing Address 400 POST AVE. 400 POST AVE. WESTBURY, NY 11590 WESTBURY, NY 11590 04072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3051035 Not Applicable \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SEATON, HARRY L ESQ 7350 LA CHALET BLVD. BOYNTON BEACH, FL 33437 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 typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MONTER, ELLIOT NAME STREET ADDRESS 400 POST AVE U00000316148 WESTBURY, NY 11590 CITY-ST-ZIP TITLE MONTER, GERALD NAME STREET ADDRESS 400 POST AVE CITY-ST-ZIP WESTBURY, NY 11590 D TITLE NAME MONTER, MARILYN 400 POST AVE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP WESTBURY, NY 11590 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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